Health and Welfare Canada
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Francophones and Smoking

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Francophones and Smoking

A background paper
prepared under contract
for Health and Welfare Canada

by

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of the National Program to Reduce Tobacco Use in Canada

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* The opinions expressed in this report are those of the author and do not necessarily reflect opinions of Health and Welfare Canada.

Summary

This study was produced at the request of the Francophone Committee of the National Program to Reduce Tobacco Use in Canada.

The study presents measures of the prevalence of smoking among Francophones in comparison with Canada's other linguistic groups, and specifies the proportion of smokers, former smokers and non-smokers for the four provinces where the number of Francophones is relatively high. For each linguistic category, the study also provides data on the distribution of smokers by economic sector, occupation, level of formal schooling and income level.

Some social aspects of smoking are then presented, together with information from recent investigations that have dealt with certain cognitive characteristics and attitudes of Francophones in regard to smoking. A comparison is then established with measures of the Anglophone population.

Key informants were interviewed in various governmental and non-governmental organizations that are active in this area. An inventory of resources available for the fight against smoking was drawn up; it specifies the preferred objectives, current activities and intended strategies of each agency.

A descriptive inventory was prepared of group and individual methods of giving up tobacco. Inventories of print and audio-visual materials available in French were prepared, and are presented in appendices.

In a summary section, data produced specifically for this study are combined with information drawn from various studies produced by other researchers in various Francophone communities. Hypotheses are then developed to explain the greater propensity of Francophones to use tobacco. Finally, the study makes recommendations for improving actions specifically aimed at the Francophone community.

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Introduction

This study, though executed within the extremely brief period of January to March 1988, was made possible through the collaboration of the members of the Francophone Committee of the National Program to Reduce Tobacco Use, who provided the researcher with invaluable information.

Mr. Mario Bujold, as research assistant, helped to collect data and to check files. He also aided the principal researcher at various stages in the writing through his constructive comments and willingness to revise proofs.

Ms. Lysane Ouimet assured very efficient communication between the researcher, members of the Francophone Committee and Statistics Canada, who quickly supplied the compilations and special tables required for the prevalence study and the measure of attitudes.

As Statistics Canada recommends, estimates taken from the Health Promotion Survey (1985) and the General Social Survey (1985) presented in this report were subjected to the usual reliability studies before being published.

Estimates based on analysis of too small a sample may vary significantly. All the numerical data we drew from such sources were checked to determine their degree of variability, and only estimates with low variability were kept for publication.

Where estimates vary more greatly, this fact is indicated in a note. We have excluded from the tables any estimate the variability of which is greater than 25.1%.

1.

Prevalence of Smoking among Francophones

(compared to other language groups in Canada)

In this section, we compare the results of the two recent principal inquiries (the Health Promotion Survey and the General Social Survey) concerning the prevalence of smoking in the major language groups. On the basis of the responses obtained in these inquiries, we may establish the following measures of prevalence:

Proportion of smokers
Proportion of ex-smokers
Proportion of persons who have never smoked
Distribution of smokers by language and province
Distribution of smokers by language and sex
Distribution of smokers by language and age
Proportion of smokers by language and sex
Proportion of male and female ex-smokers, by language
Proportion of persons who have never smoked, by language and sex
Distribution of smokers by language and occupational sector
Distribution of smokers by language and type of occupation
Distribution of smokers by language and formal education
Income of smokers and non-smokers, by language

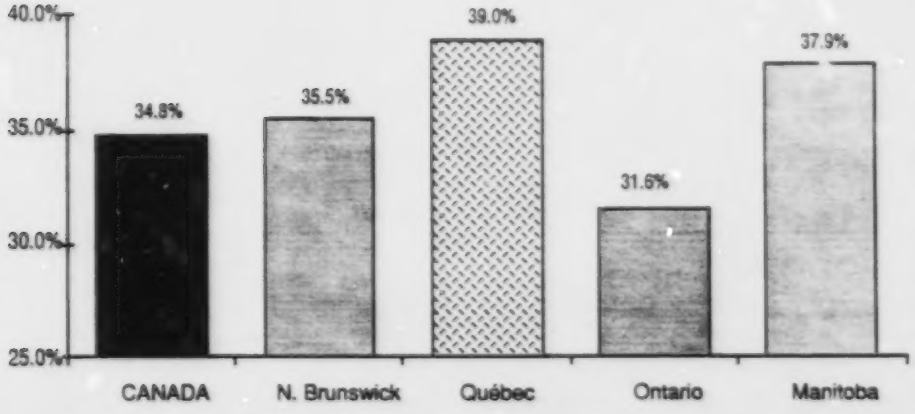
All these characteristics of the use of tobacco (and of its non-use) will be presented here by province and according to the language group of the respondents, where valid estimates are available.

1.1
Proportion of smokers

According to the data gathered in the General Social Survey of 1985, 39% of Quebeckers smoke cigarettes, in comparison to only 34.8% of Canadians as a whole. Of these, 35% are habitual smokers and 4% occasional smokers. This represents a significant decline in comparison with the Canada Health Survey of 1978, which found that among Quebeckers 15 years of age and over, 47% were cigarette smokers (43% being habitual smokers and 4% occasional smokers). However, Quebec continues to be the Canadian province where the prevalence of smoking is highest. In Ontario, 31.6% of inhabitants are smokers, and the corresponding figures for New Brunswick and Manitoba are 35.5% and 37.9% respectively (Figure 1.1).

Figure 1.1

Proportion of cigarette smokers in Canada and in 4 provinces

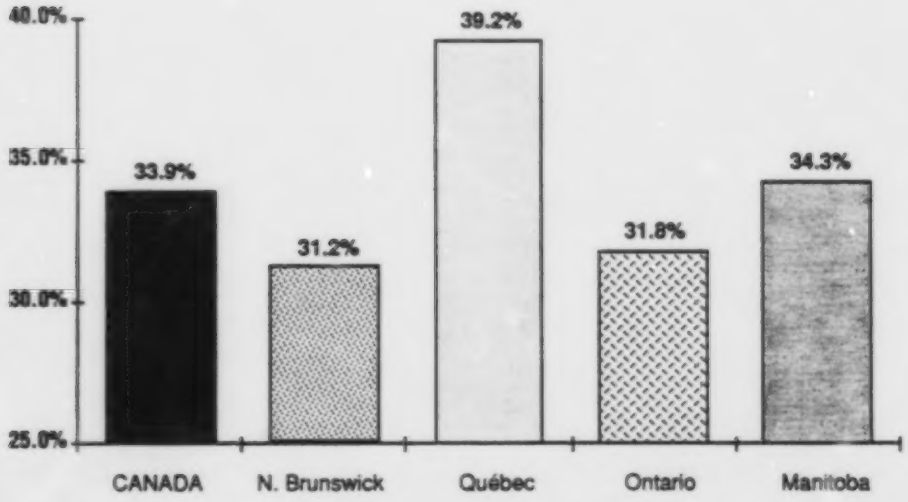


General Social Survey, 1985

The data collected during the Health Promotion Survey of 1985 agree well enough with the information obtained by the General Social Survey of 1985: 39.2% of Quebeckers smoke cigarettes, compared to only 33.9% of Canadians as a whole. Quebec is the Canadian province that has the highest prevalence of smoking. The percentage of smokers is only 31.2% in New Brunswick, 31.8% in Ontario and 34.3% in Manitoba (Figure 1.2). There is a discrepancy between the two studies for New Brunswick, since the 1985 Health Promotion Survey indicates a much lower prevalence rate for this province.

Figure 1.2

Proportion of cigarette smokers in Canada and in 4 provinces



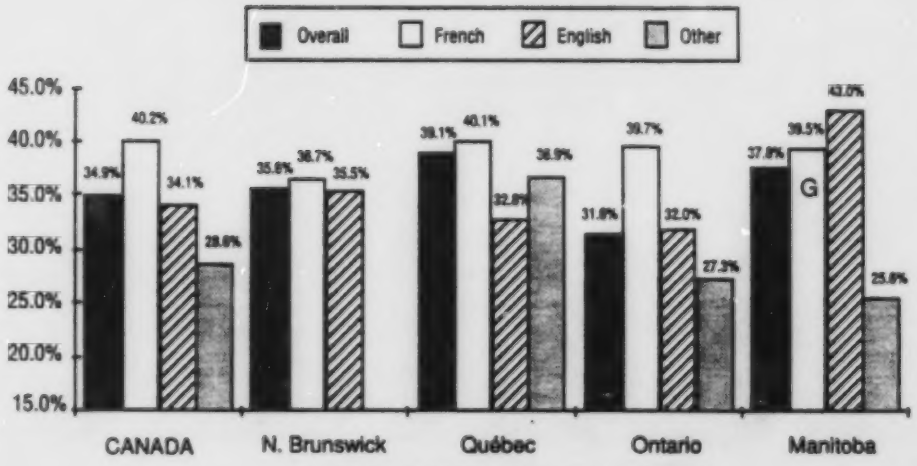
Health Promotion Survey, 1985

The prevalence of smoking was established for the four Canadian provinces where there is significant Francophone population: Quebec, New Brunswick, Ontario and Manitoba. We first determined whether prevalence varied according to the manner of determining the respondent's language: on the basis of mother tongue (first language spoken) or on the basis of the principal language spoken in the home. An examination of the results obtained in the General Social Survey of 1985 indicates that there is no significant difference between the two series of results (Figures 1.3 and 1.4).

We subsequently used the principal language spoken in the home as the criterion for determining the language group of the participant.

Figure 1.3

Proportion of cigarette smokers, according to first language spoken



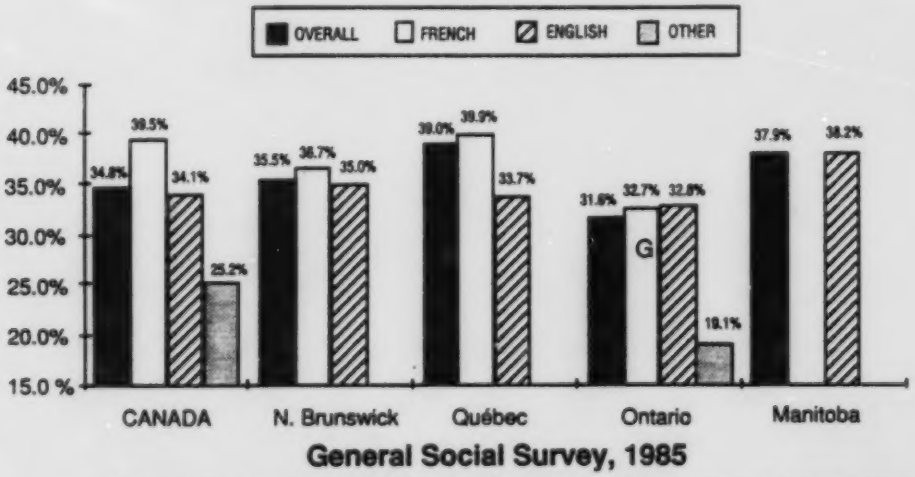
General Social Survey, 1985

(G: Great variability in the estimate (from 16.6% to 25.0%). Estimates with a variability greater than 25.1% are excluded).

According to the General Social Survey of 1985, the proportion of smokers in Canada as a whole is 39.5% among Francophones, 34.1% among Anglophones and only 25.2% among speakers of other languages. In New Brunswick, the proportion of smokers is 36.7% among Francophones, and 35% among Anglophones. The New Brunswick sample was too small to provide a reliable estimate of the proportion of smokers among speakers of other languages. In Quebec, the proportion of smokers is 39.9% for Francophones and 33.7% for Anglophones, while the sample was too small to provide a reliable estimate of this percentage for speakers of other languages. In Ontario, the same proportion of Francophones and Anglophones are smokers (32.7% and 32.8% respectively), while only 19.1% of Ontarians speaking another language smoke cigarettes. In Manitoba, the sample was too small to provide a reliable estimate of smokers among Francophones or speakers of other languages. For Manitoba as a whole, the proportion of smokers is 37.9% (Figure 1.4).

Figure 1.4

Proportion of cigarette smokers according to language spoken in the home



General Social Survey, 1985

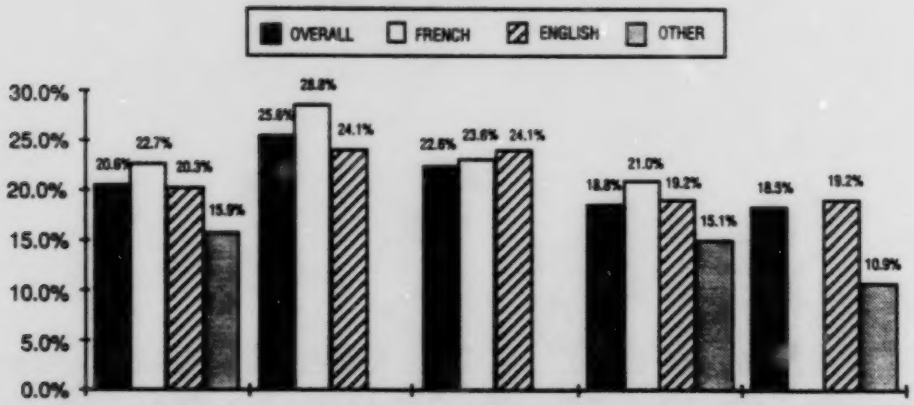
(G: Great variability in the estimate (from 16.6% to 25.0%). Estimates with a variability greater than 25.1% are excluded.)

1.2
Proportion of ex-smokers

According to the General Social Survey of 1985, the proportion of ex-smokers is 22.7% among Francophones, 20.3% among Anglophones and only 15.9% among speakers of other languages, for Canada as a whole. In New Brunswick, the proportion of ex-smokers is 28.8% among Francophones and 24.1% among Anglophones. The sample was too small to allow reliable estimation of this proportion among speakers of other languages. In Quebec, the proportion of ex-smokers is 23.6% among Francophones, and 24.1% among Anglophones. Here again, the sample was too small to allow reliable estimation of this proportion among speakers of other languages. In Ontario, the proportion of ex-smokers is 21% among Francophones and 19.2% among Anglophones, while 15.1% of Ontarians who speak other languages are ex-smokers. In Manitoba, because of the smallness of the sample, it is not possible to make a reliable estimate of the proportion of ex-smokers among Francophones. The proportion of ex-smokers is 18.5% for Manitoba's population as a whole (Figure 1.5).

Figure 1.5

Proportion of ex-smokers by language spoken in the home



General Social Survey, 1985

(G: Great variability in the estimate (from 16.6% to 25.0%). Estimates with a variability greater than 25.1% are excluded.)

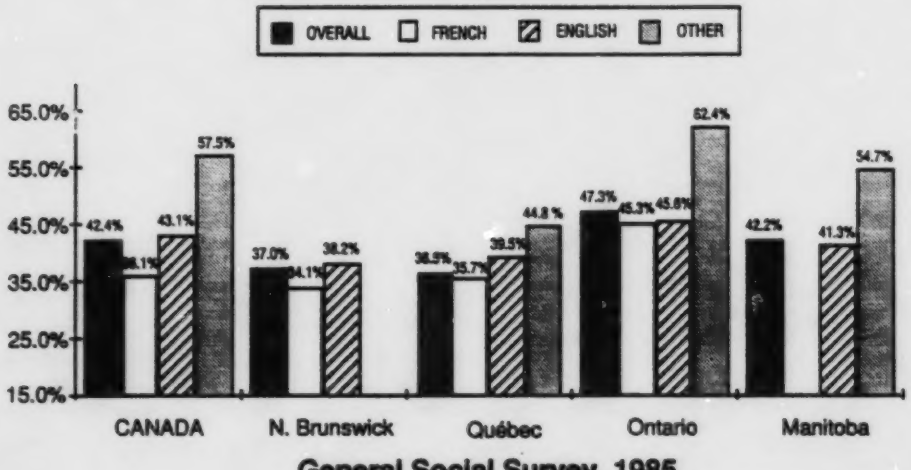
1.3

Proportion of persons who have never smoked

The General Social Survey of 1985 gives the Canada-wide proportion of persons who have never smoked as 36.1% for Francophones, 43.1% for Anglophones and 57.5% for speakers of another language. Only one Francophone in three has never smoked, but this proportion is nearly half among Anglophones and much higher for people speaking another language at home. In New Brunswick, the proportion of respondents who have never smoked is 34.1% among Francophones and 38.2% among Anglophones. In Quebec, the corresponding percentage is 35.7% for Francophones, 39.5% for Anglophones and 44.8% for other language speakers. The proportion of Ontario respondents who have never smoked is 45.3% for Francophones and a virtually identical 45.6% for Anglophones. Also in Ontario, 62.4% of those who speak another language in the home have never smoked. In Manitoba, the sample was too small to allow reliable estimation of the proportion of Francophone respondents who have never smoked. For Manitoba generally, the percentage is 42.2%.

Figure 1.6

Proportion of persons who have never smoked, by language spoken in the home



General Social Survey, 1985

(G: Great variability in the estimate (from 16.6% to 25.0%). Estimates with a variability greater than 25.1% are excluded.)

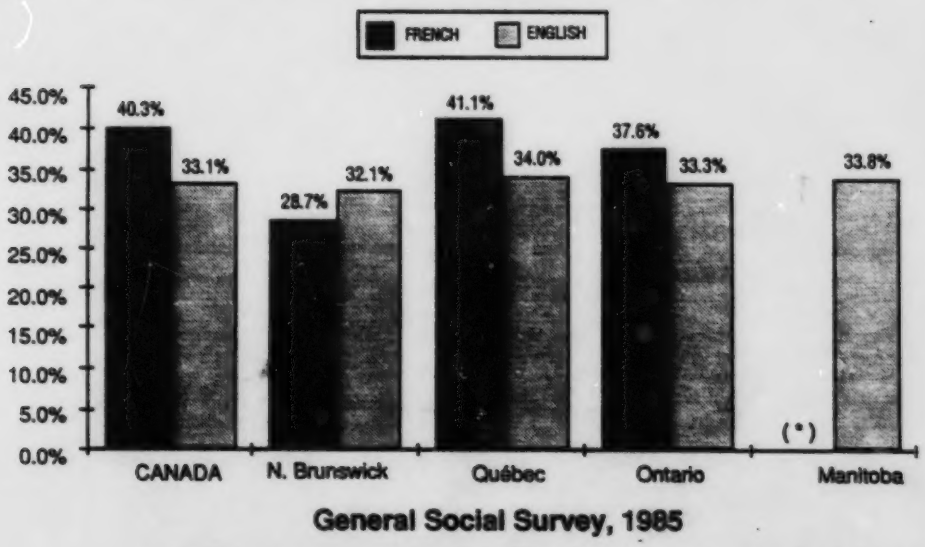
1.4

Distribution of smokers by language and province

According to the Health Promotion Survey of 1985, cigarette smokers represent 40.3% of the Francophone population and 33.1% of the Anglophone population in Canada (Figure 1.7). In New Brunswick, the proportion of smokers is 28.7% among Francophones and 32.1% among Anglophones. These results are very different from those of the General Social Survey of 1985, which found that the prevalence of smoking among Francophones in this province was much higher (see Figure 1.3). In Quebec, the proportion of smokers is 41.1% among Francophones and 34% among Anglophones. In Ontario, smokers account for 37.6% of the Francophone population and 33.3% of the Anglophone population (Figure 1.7). These observations lead us to suggest that one must be wary of making too hasty generalizations about the health habits of Francophones. It seems that in New Brunswick and Ontario, the smoking habits of Francophones and Anglophones are not as different as they appear to be in Quebec.

Figure 1.7

Distribution of smokers by language and by province



General Social Survey, 1985

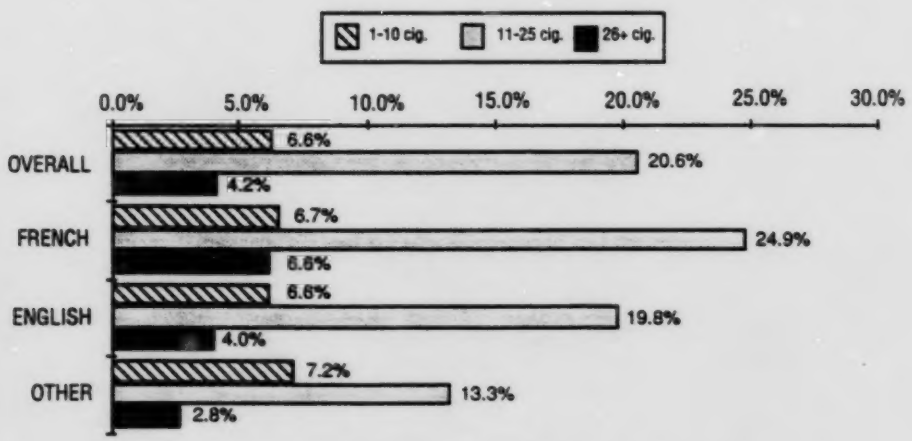
(*) Estimates based on samples that are too small and those the variability of which is greater than 25% are excluded.

A province by province examination of the data shows that sample size in the two studies precludes reliable examination of differences between language groups for each province, and for the most part, we have to make do with Canada-wide comparisons between language groups. Where contrasts between provinces seem interesting, comparisons must be restricted to New Brunswick, Quebec and Ontario.

Information in the General Social Survey of 1985 has enabled us to determine that the level of cigarette use is higher among Francophones than in any other language group in Canada. The proportion of heavy smokers is also higher; 24.9% of Francophones smoke 11 to 25 cigarettes per day and 5.5% smoke more than 25 cigarettes per day, these percentages being only 19.8% and 4% respectively for Anglophones, and 13.3% and 2.8% respectively for speakers of other languages (Fig. 1.8).

Figure 1.8

Level of cigarette use among smokers, according to language spoken in the home

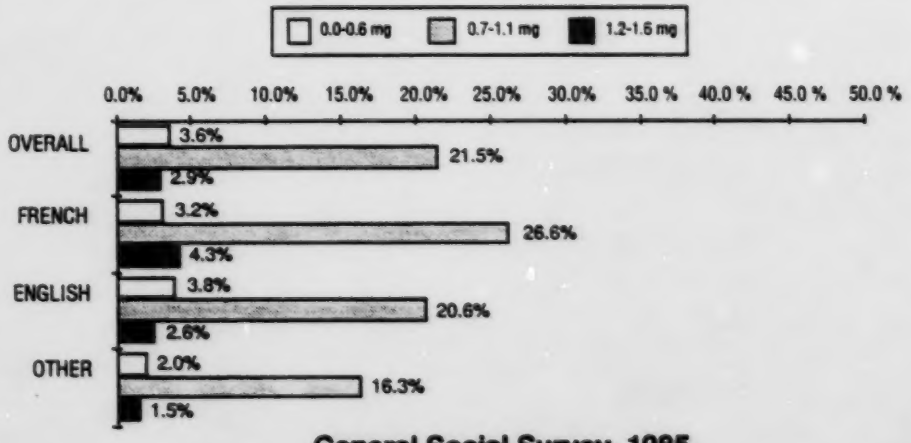


General Social Survey, 1985

More Francophones smoke cigarettes with a high nicotine content (0.7 - 1.1 mg) or a very high nicotine content (1.2 - 1.6 mg), namely 26.6% and 4.3% respectively. Among Anglophones, these proportions are 20.6% and 2.6% respectively, while among those who speak another language in the home, the corresponding figures are only 16.3% and 1.5% (Figure 1.9).

Figure 1.9

Nicotine content of cigarettes among smokers according to language spoken in home

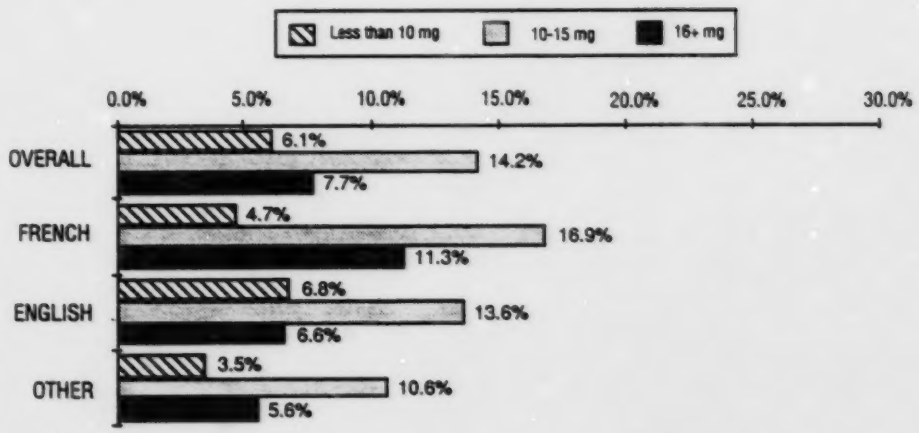


General Social Survey, 1985

The same phenomenon may be observed in regard to tar content. More Francophones smoke cigarettes with a high tar content (10 - 15 mg) or a very high tar content (16 mg or more), namely 16.9% and 11.3% respectively. Among Anglophones, these proportions are 13.6% and 6.6% respectively, while the corresponding figures are only 10.6% and 5.6% among speakers of another language (Figure 1.10).

Figure 1.10

Tar content of cigarettes among smokers, according to language spoken in the home



General Social Survey, 1985

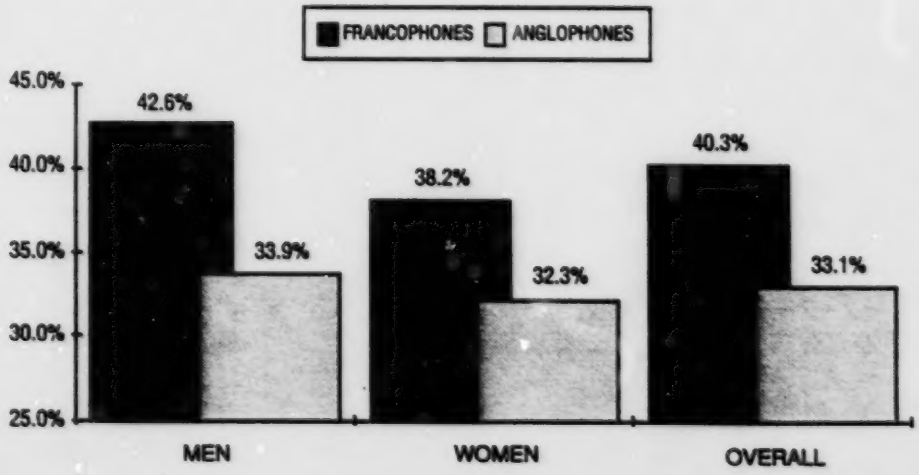
1.5

Distribution of smokers by language and sex

Among the Francophones of Canada, 42.6% of men and 38.2% of women smoke cigarettes, while in the Anglophone population, 33.9% of men and 32.3% of women smoke cigarettes (Figure 1.11).

Figure 1.11

"Are you presently smoking cigarettes?"
(Proportion of positive responses by sex)



General Social Survey, 1985

1.6

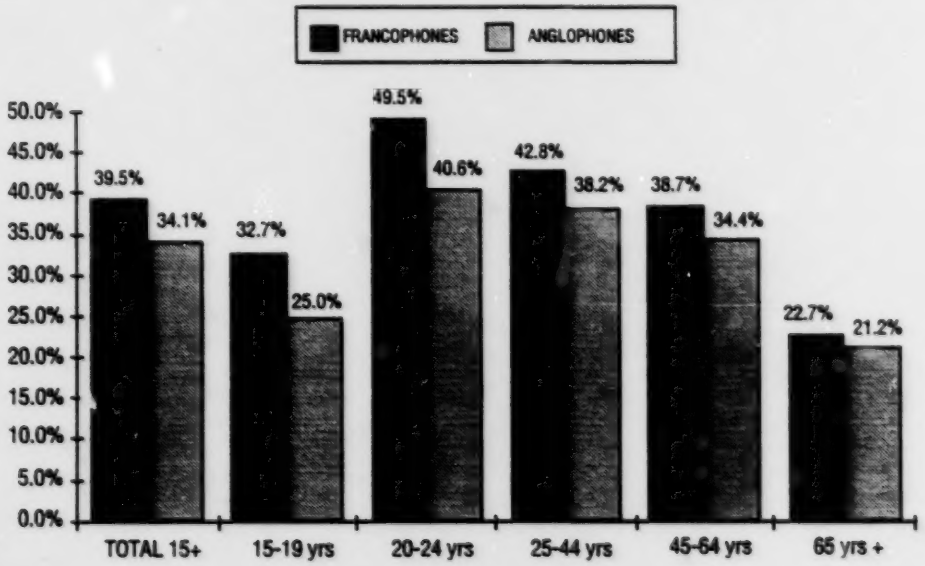
Distribution of smokers by language and age

Regarding the distribution of smokers by language and by age group, the results obtained by the General Social Survey of 1985 and the Health Promotion Survey of 1985 are rather ambiguous. The first inquiry shows that 32.7% of Francophones in the 15-19 age group smoke cigarettes, while the second study found this rate to be 41.9%. For Francophones 20-24 years of age, the proportion of smokers determined by the two studies was 49.5% and 41% respectively (Figure 1.12 and Figure 1.13).

In the General Social Survey of 1985, the disparity between Francophones and Anglophones is relatively uniform for all age groups. The proportion of smokers is the highest between 20 and 24 years of age, and then tends to decline for both language groups (Figure 1.12).

Figure 1.12

Distribution of smokers by language and by age group

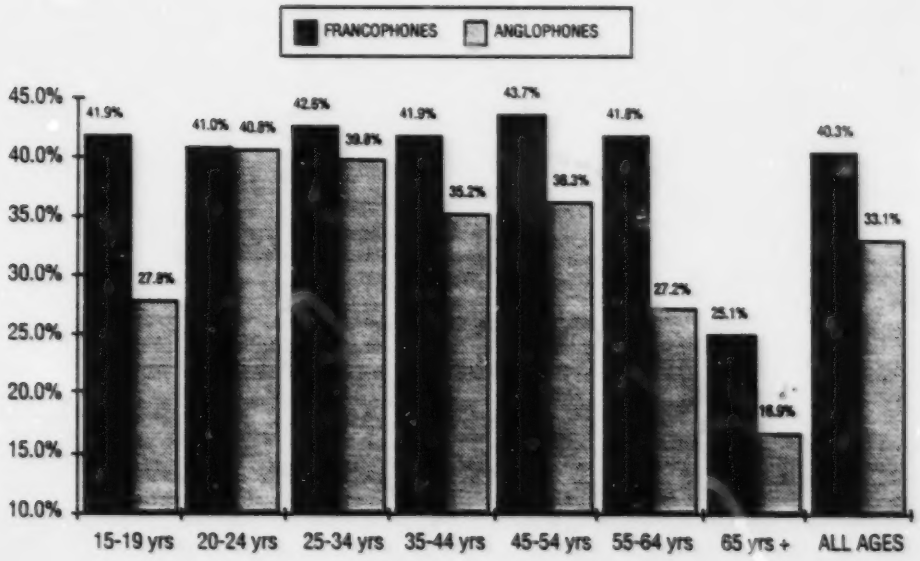


General Social Survey, 1985

In the Health Promotion Survey of 1985, the disparity between Francophones and Anglophones is very great among smokers in the 15- to 19-year-old-age group (41.9% and 27.8% respectively, giving a proportional difference of 51%). In the 20- to 24-year-old age group, the proportion of smokers among Francophones and Anglophones is just about even (41.0% and 40.8% respectively). The disparity between Francophones and Anglophones tends to become greater for older age groups, attaining nearly 50% in the 55-64 and 65 years or over age groups. While the use of tobacco declined significantly with age among Anglophones, this trend is less apparent among Francophones (Figure 1.13).

Figure 1.13

Distribution of smokers by language and age group



General Social Survey, 1985

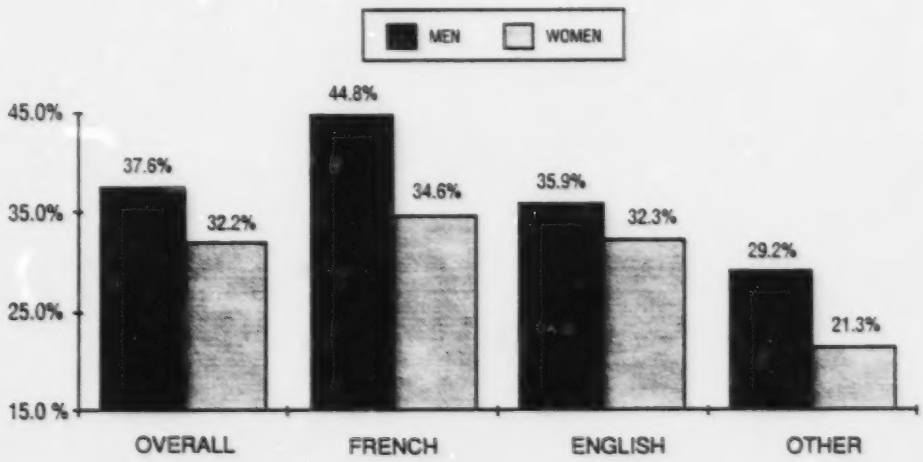
1.7

Proportion of smokers by language and sex

An examination of the results obtained in the General Social Survey of 1985 reveals a significant disparity between the language groups when one considers the proportion of smokers of both sexes. Among Francophones, 44.8% of men and 34.6% of women smoke cigarettes, while in the Anglophone group, 35.9% of men and 32.3% of women smoke. Among people who speak another language in the home, only 29.2% of men and 21.3% of women smoke (Figure 1.14).

Figure 1.14

Proportion of male and female smokers, by language spoken in the home

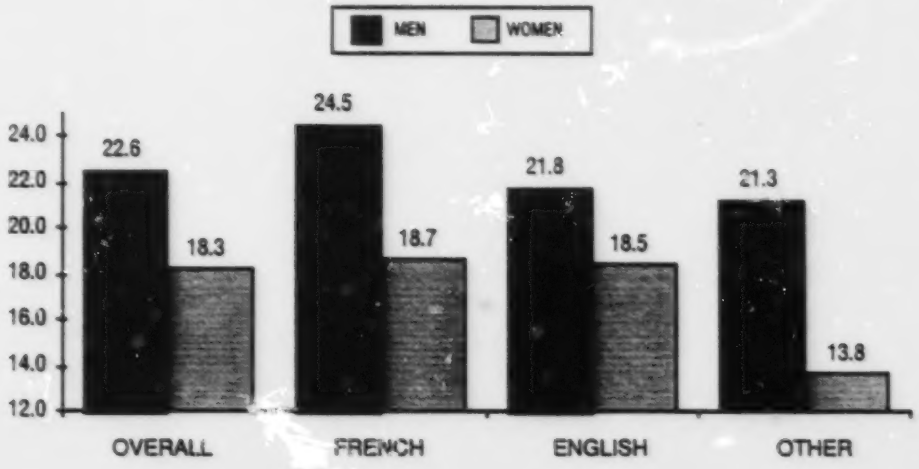


General Social Survey, 1985

Among Francophones, the men stated that they smoked an average of 24.5 cigarettes a day, or 3 cigarettes more than male smokers who spoke English or another language. Francophone women smokers said that they smoked an average of 18.7 cigarettes per day or approximately the same number as Anglophone female smokers (18.5 cigarettes per day), but 5 cigarettes per day more than female smokers speaking a language other than English or French (13.8 cigarettes per day). (Figure 1.15).

Figure 1.15

Number of cigarettes per day by sex, and by language spoken in the home

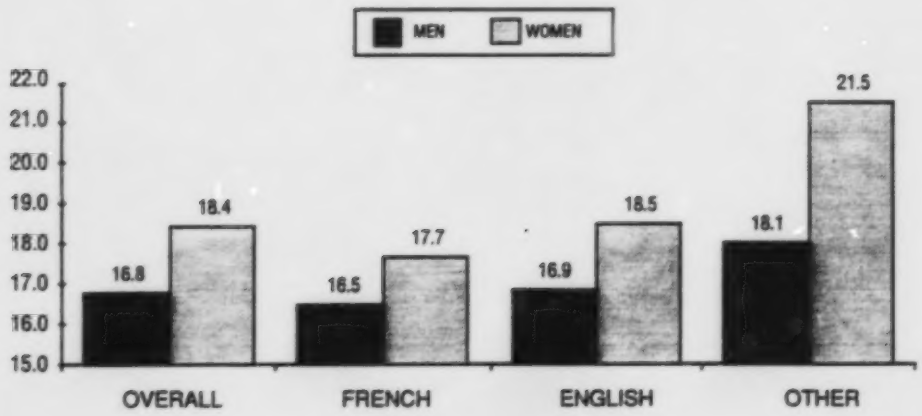


General Social Survey, 1985

Francophones begin to use tobacco on a daily basis at a younger age. On the average, Francophone men began to smoke regularly at 16.5 years of age, or six months earlier than Anglophone men and a year and a half earlier than men speaking a language other than English or French. Francophone women began to smoke regularly at 17.7 years of age on the average, or about ten months earlier than Anglophone women and nearly four years earlier than women speaking another language (Figure 1.16).

Figure 1.16

Age of introduction to daily use of tobacco, by sex and language spoken in home



General Social Survey, 1985

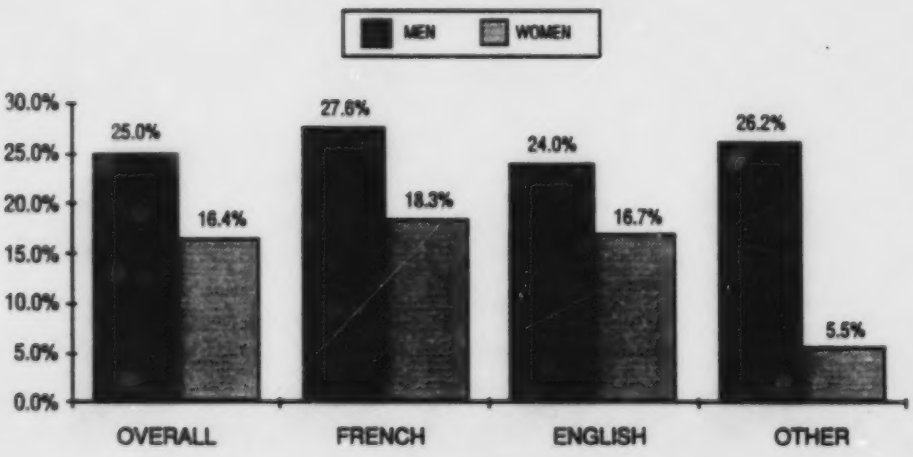
1.8

Proportion of male and female ex-smokers, by language

The proportion of ex-smokers is about the same in the two language groups. One man out of four and one woman out of six have smoked and have given up tobacco. However, this proportion is substantially lower among women speaking a language other than English or French, where one finds only 5.5% of ex-smokers (Figure 1.17).

Figure 1.17

Proportion of male and female ex-smokers, by language spoken in the home

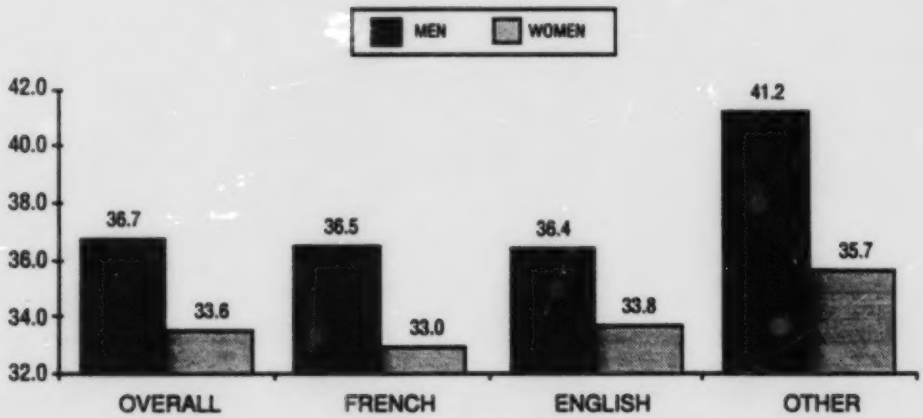


General Social Survey, 1985

There is no significant difference between the language groups as far as the age when smoking was given up is concerned. Both among Francophones and Anglophones, the average age at which smoking was given up is about 36 for men and 34 for women. Among speakers of languages other than English or French, this age is slightly higher: 41.2 for men and 35.7 for women (Figure 1.18).

Figure 1.18

Age of cessation of tobacco use, by sex and language spoken in the home



General Social Survey, 1985

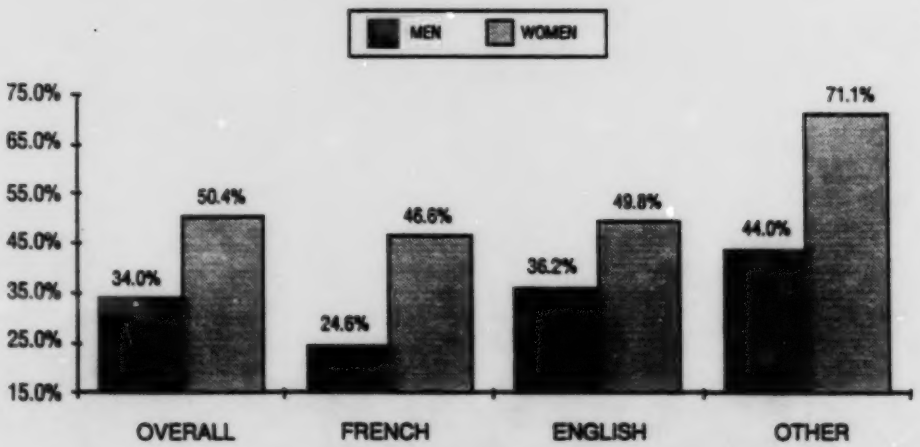
1.9

Proportion of persons who have never smoked, by language and sex

The proportion of men and women who have never smoked varies greatly from one language group to another. Among Francophones, only 24.6% of men have never smoked, while the corresponding percentages are 36.2% for Anglophones and 44% for other language speakers respectively. The proportion of women who have never smoked is similar among Francophones and Anglophones (46.6% and 49.8% respectively), but is much higher among speakers of other languages, namely 71.1% (Figure 1.19).

Figure 1.19

Proportion of men and women who have never smoked by language spoken in the home



General Social Survey, 1985

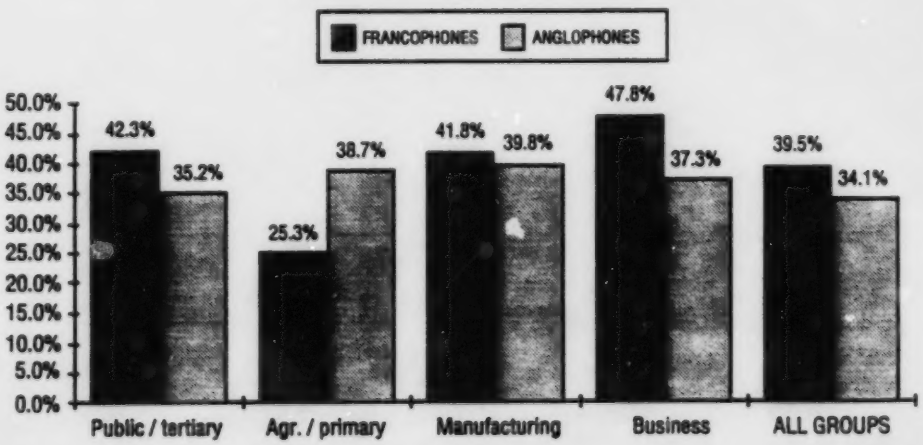
1.10

Distribution of smokers by language and occupational sector

According to the General Social Survey of 1985, there is a variation in the distribution of smokers by language and by occupational sector. In the primary sector (agriculture and extraction of natural resources), the prevalence of smoking among Francophones, 25.3%, is lower than among Anglophones (38.7%). However, one must be cautious in interpreting this result, since the proportion of the sample corresponding to the primary sector among Francophones is relatively small and may involve a certain variability in the estimates (however, this variability is less than the threshold of 25.1% that we have adopted). We feel that in this case, this result must be compared with the prevalence rates obtained in other investigations. For all economic sectors taken together, the proportion of Francophone smokers is higher than that of Anglophone smokers. Among Francophones, the highest smoking rates are found in the tertiary sectors of the public service and business, while among Anglophones, the highest rates of smoking are found in the primary and secondary (manufacturing) sectors (Figure 1.20).

Figure 1.20

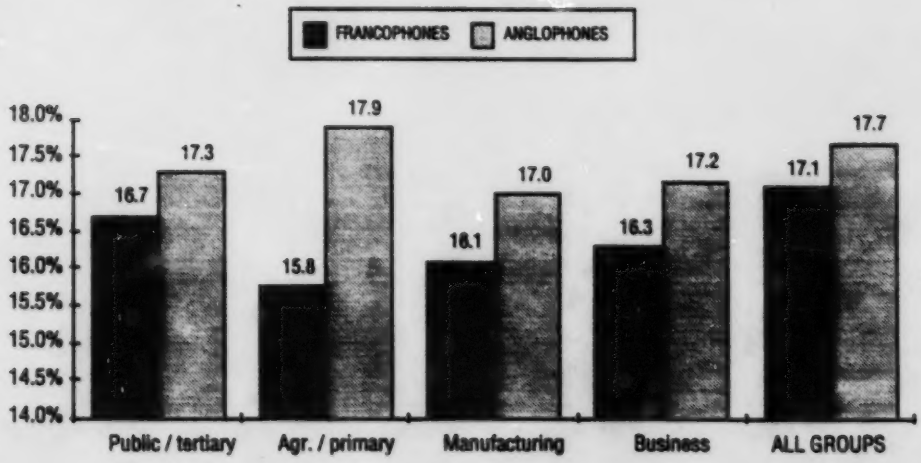
Distribution of smokers by language and by occupational sector



Another disparity between Francophones and Anglophones is found in regard to the age when tobacco begins to be used on a daily basis, by economic sector. Francophones working in the primary sector began to smoke regularly at a much younger age than Anglophones working in the same sector (the difference being more than 2 years), and earlier than Francophones working in other sectors. Moreover, Anglophones seem to have begun smoking at about the same age (17.7 years), regardless of the economic sector in which they work. (Figure 1.21).

Figure 1.21

Age of commencement of tobacco use by language and by occupational sector



1.11

Distribution of smokers by language and type of occupation

According to the Health Promotion Survey of 1985, 41.2% of Francophone workers are smokers, as compared to 36.8% of Anglophone workers.

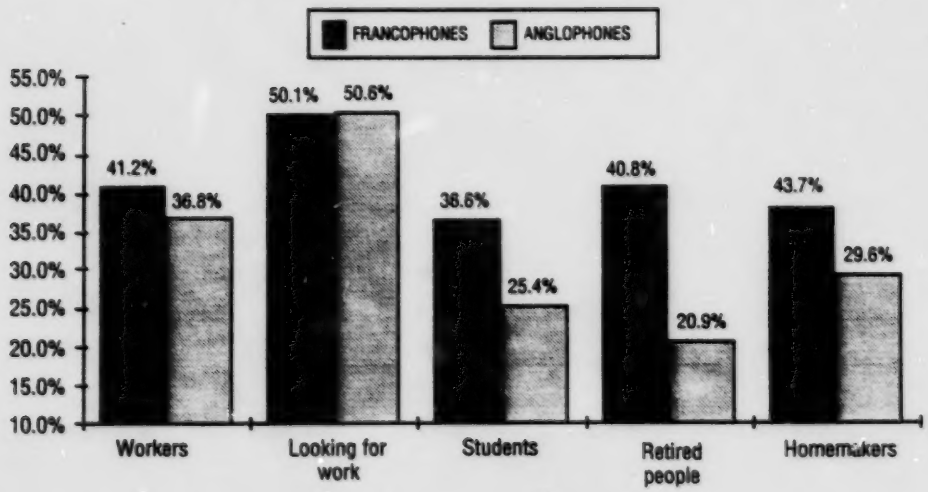
Among persons looking for work, the observed prevalence rates are about 50% for both language groups (50.1% and 50.6% respectively).

More Francophone students than Anglophone students smoke (36.6% compared to 25.4%), and the same is true of male or female Francophone homemakers (43.7%) in comparison to Anglophone homemakers (29.6%).

However, the greatest disparity between the language groups is among retirees. In this group, 40.8% of Francophones smoke cigarettes regularly, while only 20.9% of Anglophones do so. In other words, **the prevalence of smoking is twice as great among retired Francophones as among retired Anglophones** (Figure 1.22).

Figure 1.22

Distribution of smokers by language and type of occupation



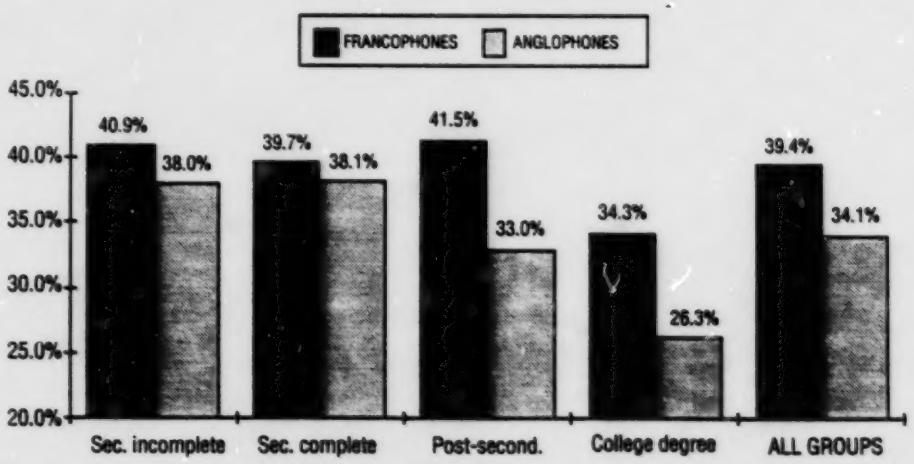
1.12

Distribution of smokers by language and formal education

According to the General Social Survey of 1985, prevalence of smoking varies inversely with the level of formal education, and this phenomenon is more pronounced among Anglophones than among Francophones. The proportion of smokers remains very high (41.5%) among Francophones who have taken postsecondary studies, while it begins to drop off substantially among Anglophones having the same level of formal education (33.0%). Among those who have obtained at least a college degree, the disparity between the proportions of smokers among Francophones and Anglophones remains high (34.3% and 26.3% respectively) (Figure 1.23).

Figure 1.23

Distribution of smokers by language and by level of formal education

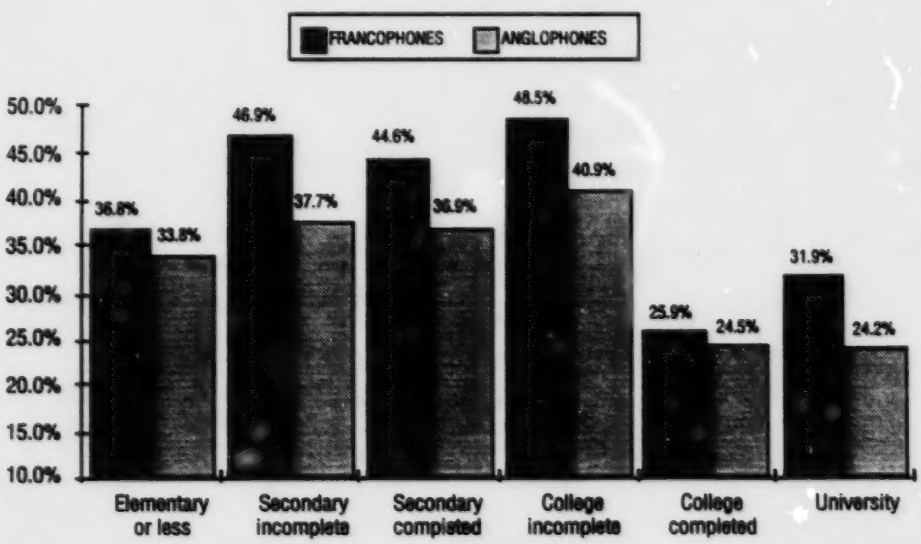


General Social Survey, 1985

According to the Health Promotion Survey of 1985, there is little difference among Francophones and Anglophones who have completed their formal schooling at the college level, the proportion of regular smokers being around 25%. There is likewise little difference in the prevalence of smoking among those whose formal education does not go beyond the elementary level, the figures being 36.8% for Francophones and 33.8% for Anglophones. On the other hand, there is a substantial discrepancy between the two language groups at the intermediate levels of formal education, and also among those who have pursued university studies (Figure 1.24).

Figure 1.24

Distribution of smokers by language and by level of formal education



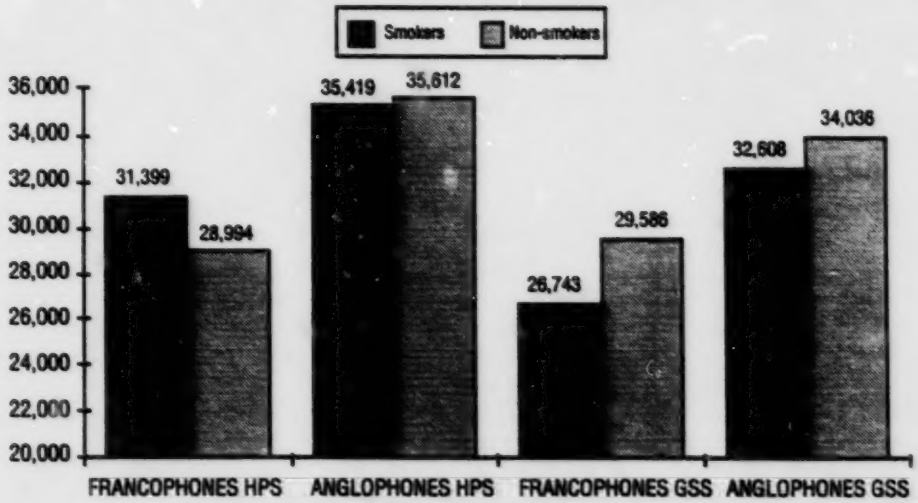
1.13

Income of smokers and non-smokers, by language

Finally, disposable household income of smokers and non-smokers in the two language groups is significantly different. Disposable income in Francophone households is approximately 20% less than the available income in Anglophone households. According to the Health Promotion Survey of 1985, for example, households of Francophone smokers have an average income of $31,399 per year, while the households of Anglophone smokers have $35,419, a difference of $4,020 per year. For non-smokers of the two language groups, this disparity is even greater. Household incomes in this case are $28,994 and $35,612 respectively, the disparity here being $6,618 per year. According to similar findings of the General Social Survey of 1985, households of Francophone smokers have an annual income of $26,743, while households of Anglophone smokers have $32,608 per year, a difference of $5,865. A similar discrepancy is found among non-smokers of the two linguistic groups, where household incomes are respectively $29,586 and $34,036, the disparity here being $4,450 per year (Figure 1.25).

Figure 1.25

Comparison of the income of smokers and non-smokers, by language



Health Promotion Survey (HPS), 1985 and General Social Survey (GSS), 1985

2.
Social Aspects of Smoking among Francophones

In this section, we present a comparison of the results obtained in the Health Promotion Survey in regard to certain social aspects of smoking among Francophones and among Anglophones. Some aspects of the private social environment and of the public social environment can be determined on the basis of the responses to the following questions:

Private social environment

Does your spouse smoke cigarettes?

Do most or all of your friends smoke cigarettes?

Children are more inclined to smoke if their parents are smokers.

Public social environment

Does the smoke from other people bother you?

Have you already asked someone not to smoke?

Is tobacco use restricted in your workplace?

Have you already been asked not to smoke?

The distribution of affirmative response rates for these questions has been compiled and is presented here for the provinces of New Brunswick, Quebec and Ontario. A comparison of responses by sex of respondent is also given.

2.1

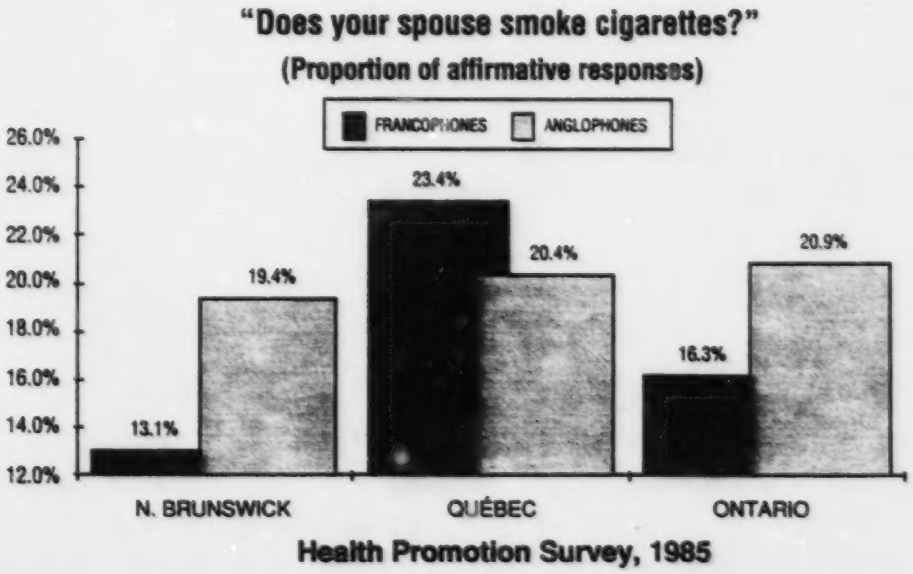
Private social environment

Francophones in the t. .ee reference provinces responded very differently to the question: "Does your spouse smoke cigarettes?" In New Brunswick, only 13.1% of Francophones said that their spouse smoked (a much smaller proportion than among Anglophones, where the percentage of affirmative answers was 19.4%).

The same kind of difference is also observed in Ontario.

In Quebec, more Francophones than Anglophones have a spouse who smokes.

Figure 2.1

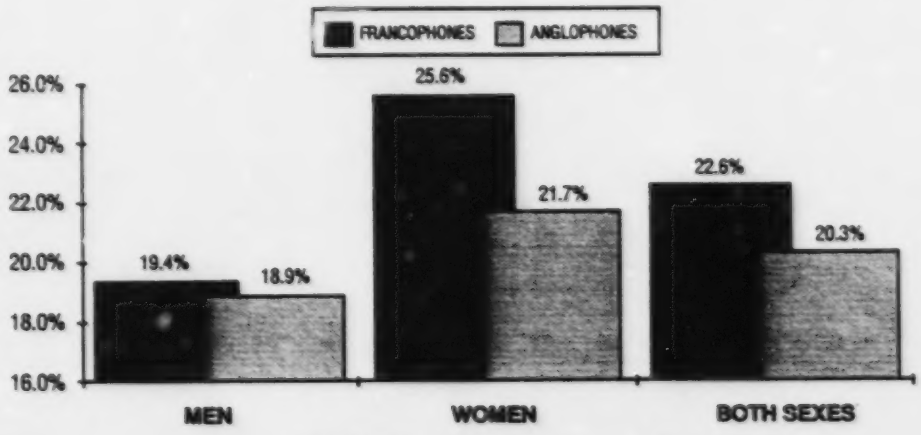


More men than women smoke cigarettes. It is thus not surprising to find that a higher proportion of women state that their spouse smokes. A more important difference is observed between Francophone and Anglophone women, because of the substantially higher prevalence of smoking among Francophone men.

There is little difference between Francophone and Anglophone male respondents to this question.

Figure 2.2

"Does your spouse smoke cigarettes?"
(Proportion of affirmative responses)



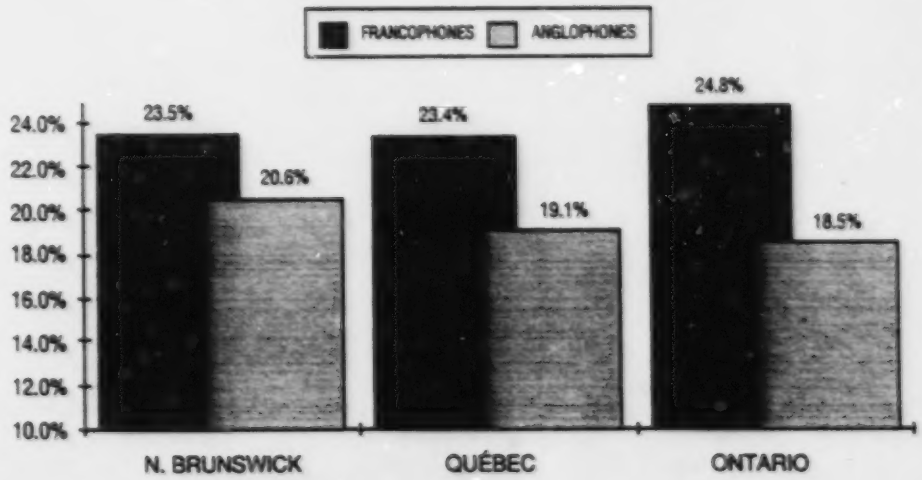
Health Promotion Survey, 1985

In regard to the social aspect cited below, the responses are more or less the same in the three reference provinces. In all of them, a higher proportion of Francophones than Anglophones state that most or all of their friends smoke cigarettes.

Smokers have a significantly larger number of smoking friends, while non-smokers have significantly more non-smoking friends.

Figure 2.3

"Do most/all of your friends smoke cigarettes?"
(Proportion of affirmative responses by province)

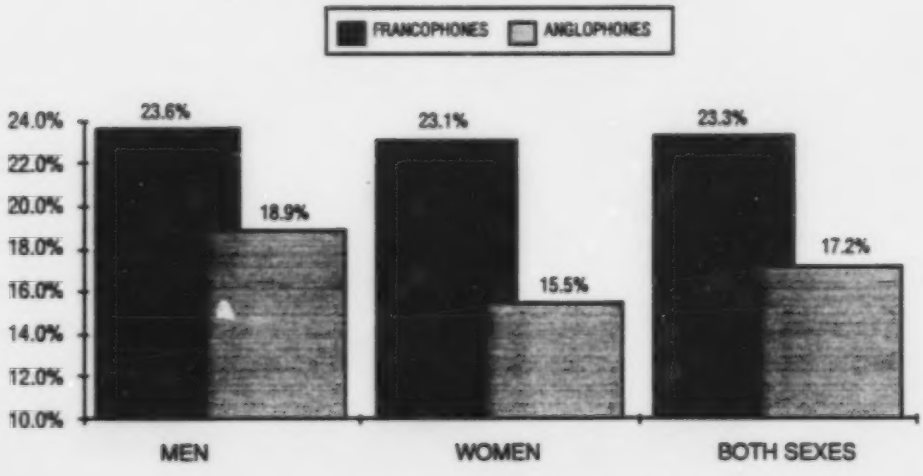


Health Promotion Survey, 1985

There is likewise little difference between men and women in regard to this social characteristic. Among both men and women, proportionally more Francophones (23%) than Anglophones (17%) state that most or all of their friends smoke cigarettes.

Figure 2.4

"Do most/all of your friends smoke cigarettes?"
(Proportion of affirmative responses by sex)



Health Promotion Survey, 1985

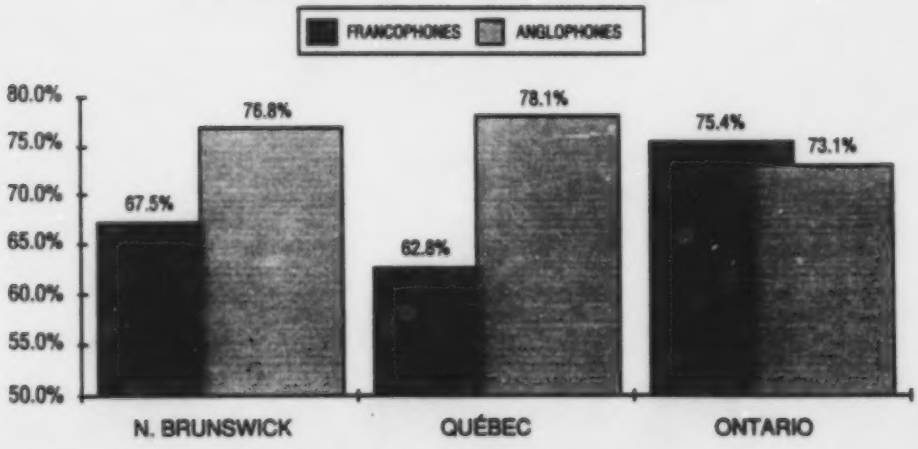
Only 63% of Francophone Quebeckers (Figure 2.5), compared to 73% of all Canadians (Figure 2.6), think that children are more inclined to smoke if their parents are smokers. In Quebec, 70% of non-smokers hold this opinion, compared to 57% of smokers. This opinion varies significantly depending upon formal education. The more formal education one has, the more one tends to agree with the statement that children are more inclined to smoke if their parents are smokers. In Quebec, one also observes significant differences in opinions or attitudes regarding tobacco use, according to household income. The higher one's household income is, the more one tends to agree with the statement that children are more inclined to smoke if their parents are smokers.

New Brunswick respondents do not seem to differ from Quebeckers on this point, fewer Francophones than Anglophones holding this opinion. In Ontario, in contrast, the language difference is blurred and is even slightly reversed.

Figure 2.5

"Children will probably smoke if their parents smoke"

(Percentage of positive responses by province)



Health Promotion Survey, 1985

This opinion varies significantly according to sex. The linguistic difference is obvious among men, since only 60% of Francophone men, compared to 75% of Anglophone men, think that children are more inclined to smoke if their parents are smokers.

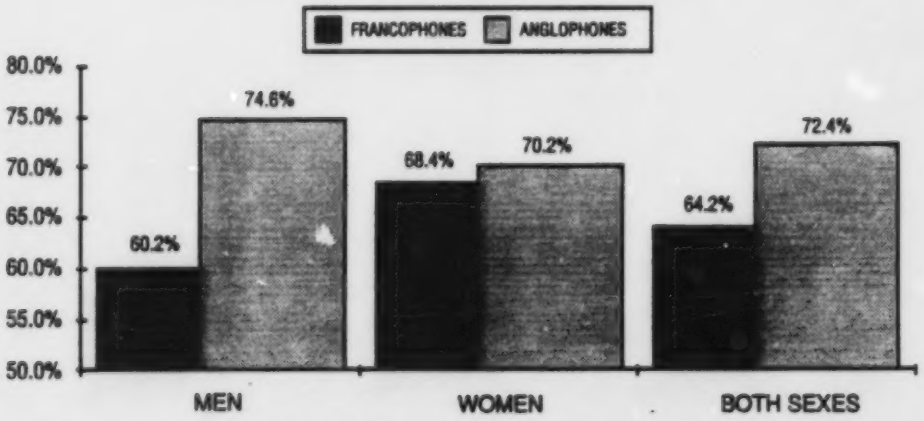
There is little difference on this point between Francophone and Anglophone women.

Furthermore, this opinion is more current among young people (71% of people under 35) than among older people.

Figure 2.6

"Children will probably smoke if their parents smoke"

(Percentage of affirmative responses by sex)



Health Promotion Survey, 1985

2.2

Public social environment

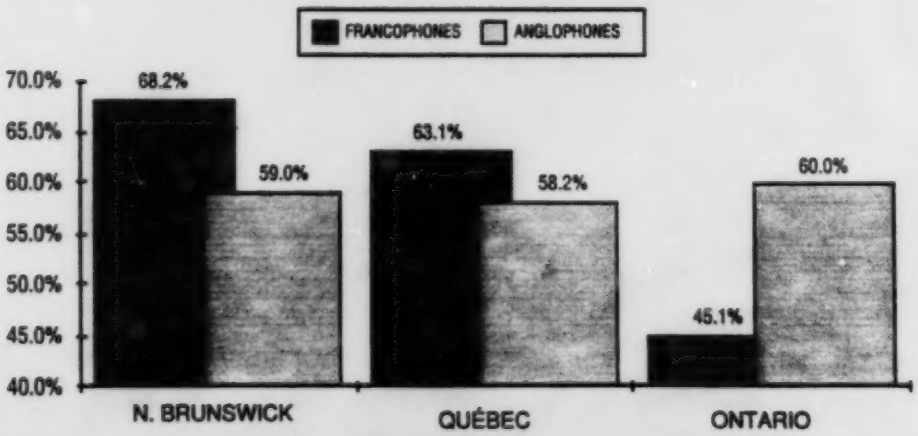
On the subject of passive smoking, the responses of Francophones differ greatly among the three reference provinces. In New Brunswick, a higher proportion of Francophones (68.2%) than Anglophones (59%) state that they are bothered by the smoking of others.

In Quebec, there is a similar difference between the two language groups, but it is less pronounced. Among non-smokers, 63.1% of respondents state that they may be bothered by cigarettes smoked by others in their presence, and even half of the smokers note that they have had the same experience!

In Ontario the ratio is just the reverse. Only 45% of Francophones state that they are bothered by the smoking of others, compared to 60% of Anglophones.

Figure 2.7

"Does smoke from other people bother you?"
(Proportion of affirmative responses by province)



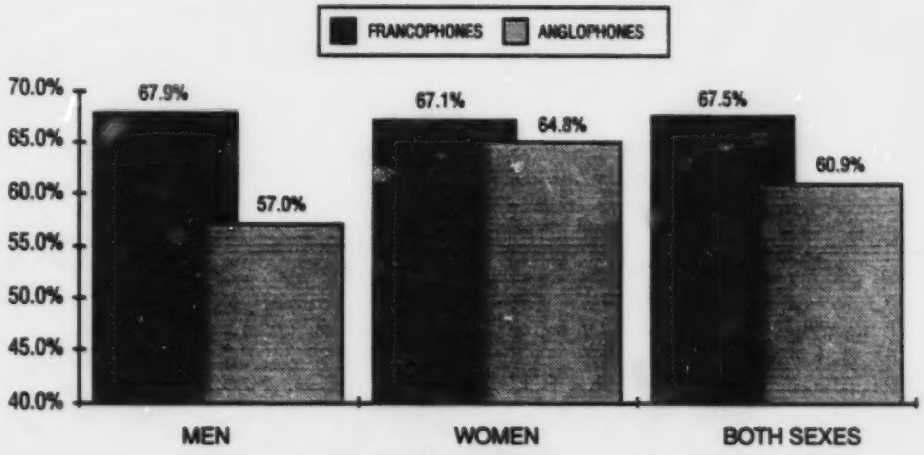
Health Promotion Survey, 1985

Among Francophones, two-thirds of men and women say that they are bothered by other people's smoke. Among Anglophones, there is a greater disparity in the responses given by men and by women.

Figure 2.8

"Does smoke from other people bother you?"

(Proportion of affirmative responses by sex)



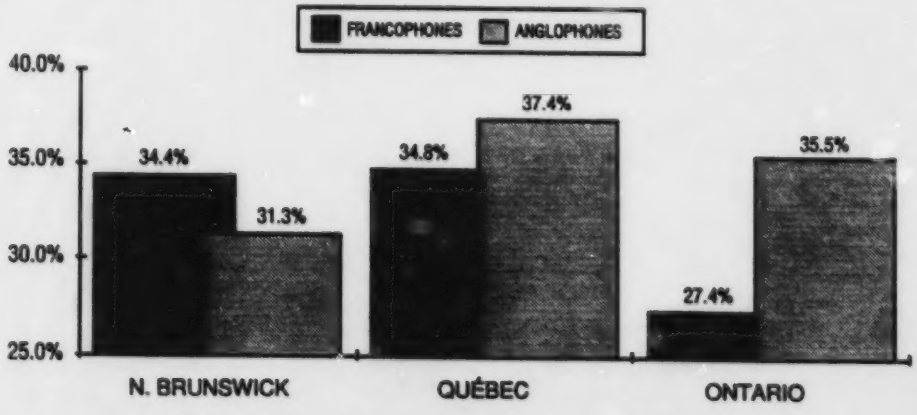
Health Promotion Survey, 1985

In 1985, approximately one-third of respondents in the Health Promotion Survey had already asked someone not to smoke.

In New Brunswick, slightly more Francophones than Anglophones had taken such an initiative. The situation was reversed in Quebec, and this difference was even more pronounced in Ontario, more Anglophones than Francophones making such a request.

Figure 2.9

"Have you already asked someone not to smoke?"
(Proportion of affirmative responses by province)



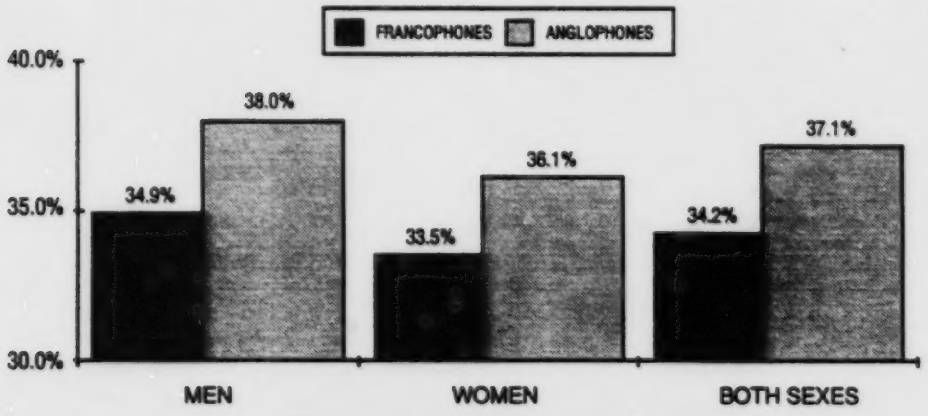
Health Promotion Survey, 1985

Both among men and women, a slightly higher proportion of Anglophones asked someone not to smoke, in comparison to Francophones.

Figure 2.10

"Have you already asked someone not to smoke?"

(Proportion of affirmative responses by sex)



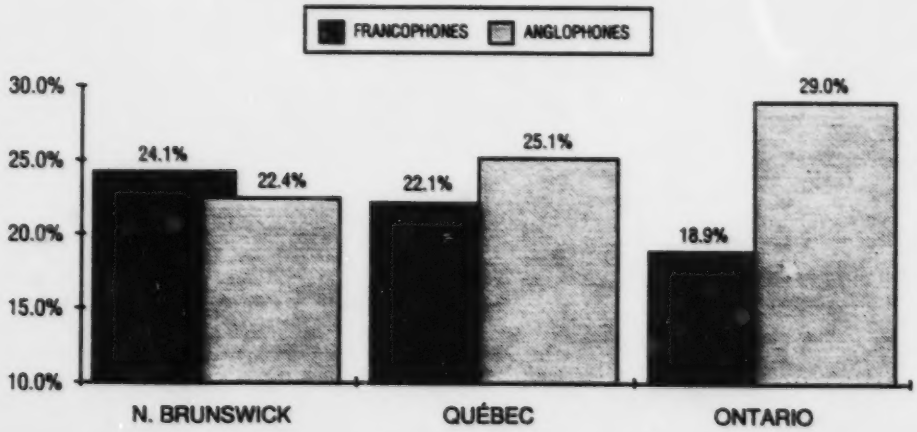
Health Promotion Survey, 1985

In 1985, there was still little restriction of tobacco use in the workplace, and only about 25% of respondents gave an affirmative answer on this point. In Quebec, 9% of respondents mentioned that it was absolutely forbidden to smoke in their workplace, 33% said that smoking was prohibited in certain areas and 55% said that there was no prohibition in their place of work.

In New Brunswick and Quebec, there was little difference between the responses of Francophones and Anglophones. However, a significant difference between the two language groups is observed in Ontario, where a much smaller proportion of Francophones (19%) than Anglophones (29%) state that the use of tobacco is restricted in their workplace.

Figure 2.11

"Is use of tobacco restricted in your workplace?"
(Proportion of affirmative responses by province)



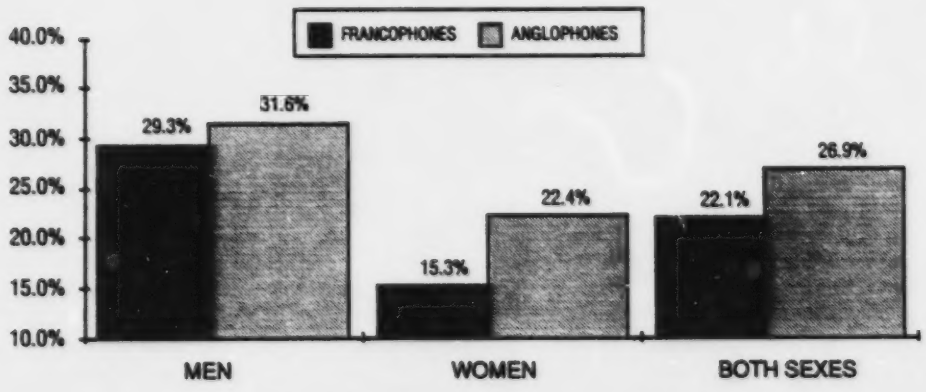
Health Promotion Survey, 1985

Among male respondents, there is little difference between the responses of Francophones and Anglophones. Approximately 30% of men state that tobacco use is restricted in their workplace.

There is, however, a difference among female respondents. Only 15% of Francophone women, compared to 22% of Anglophone women, said that tobacco use was restricted in their workplace.

Figure 2.12

"Is use of tobacco restricted in your workplace?"
(Proportion of affirmative responses by sex)



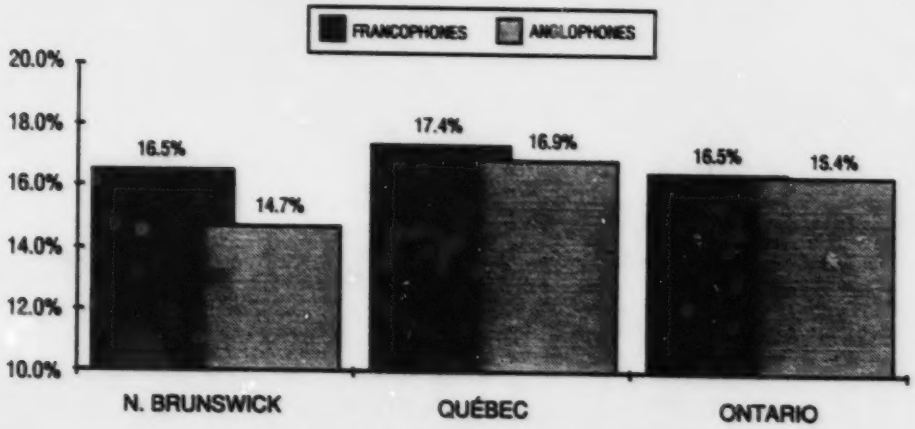
Health Promotion Survey, 1985

In 1985, relatively few respondents indicated that they had already been asked not to smoke. Respondents who had been asked not to smoke represented about 16% of the total, or one in six.

This proportion is more or less the same in the three reference provinces.

Figure 2.13

"Have you already been asked not to smoke?"
(Proportion of affirmative responses by province)



Health Promotion Survey, 1985

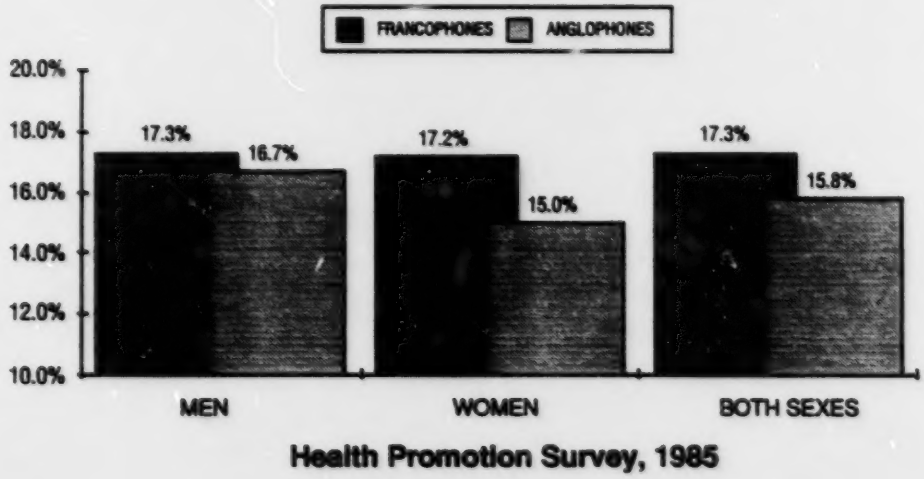
In 1985, relatively few respondents indicated that they had already been asked not to smoke. Respondents who had been asked not to smoke represented about 17% of the total, or one in six.

This proportion is substantially the same among men and women.

Over the last three years, efforts by non-smokers to claim their rights have no doubt resulted in some variances on this point, and it will be interesting to determine the extent of these changes in future inquiries.

Figure 2.14

"Have you already been asked not to smoke?"
(Proportion of affirmative responses by sex)



Health Promotion Survey, 1985

3.
Cognitive Characteristics and Attitudes of Francophones in Regard to Smoking

In this section, we present a comparison of the results obtained in the Health Promotion Survey in regard to certain cognitive characteristics and attitudes of Francophones and Anglophones on the topic of smoking. Measurements of knowledge and attitude were established on the basis of reactions and responses to the following questions and statements:

Cognitive characteristics

Do you need information on smoking and health?

Smoking helps one to remain thin.

Pregnant women should not smoke.

Attitudes to relations between smokers and non-smokers

People make too much of a fuss about other people smoking.

One should ask permission before smoking in the presence of others.

The majority of non-smokers do not mind if people smoke in their presence.

Non-smokers should be able to enjoy pure air.

Attitude to government involvement

It is extremely important that the government deal with smoking.

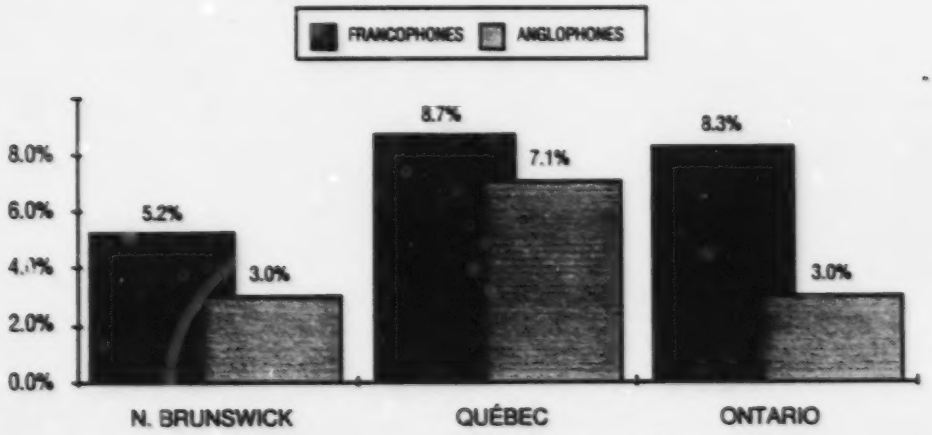
The distribution of affirmative response rates for these questions has been compiled and is presented here for the provinces of New Brunswick, Quebec and Ontario. A comparison of responses by sex of respondent is given.

3.1
Cognitive characteristics

Relatively few respondents in the Health Promotion Survey (1985) stated that they needed information on smoking and health. In the three reference provinces, a slightly higher proportion of Francophones than Anglophones gave an affirmative response to this question, the greatest difference between the two linguistic groups being observed in Ontario.

Figure 3.1

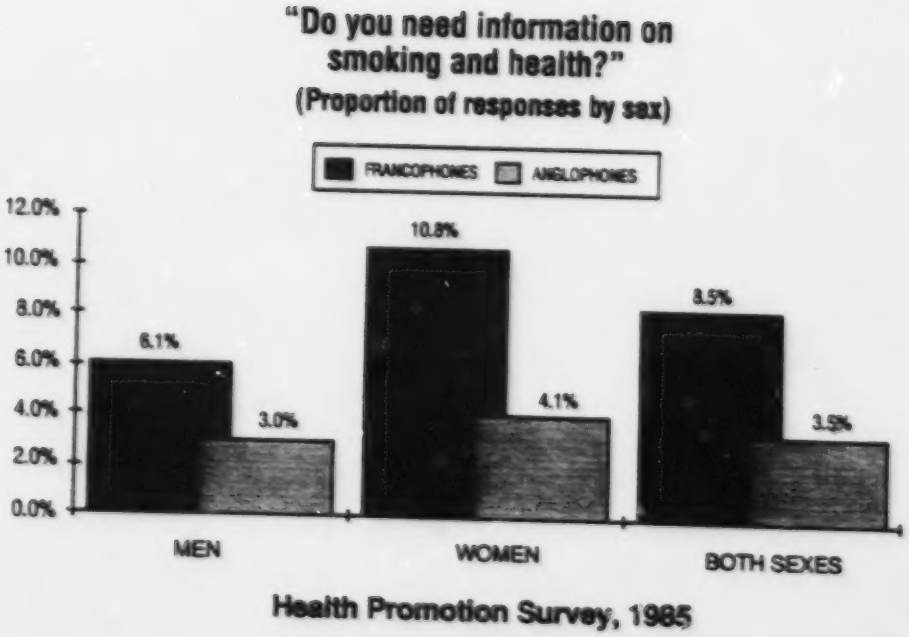
"Do you need information on smoking and health?"
(Proportion of responses by province)



Health Promotion Survey, 1985

Among Francophones, almost twice as many women (11%) as men (6%) stated that they need information on smoking and health. Such a difference is not observed among Anglophones.

Figure 3.2



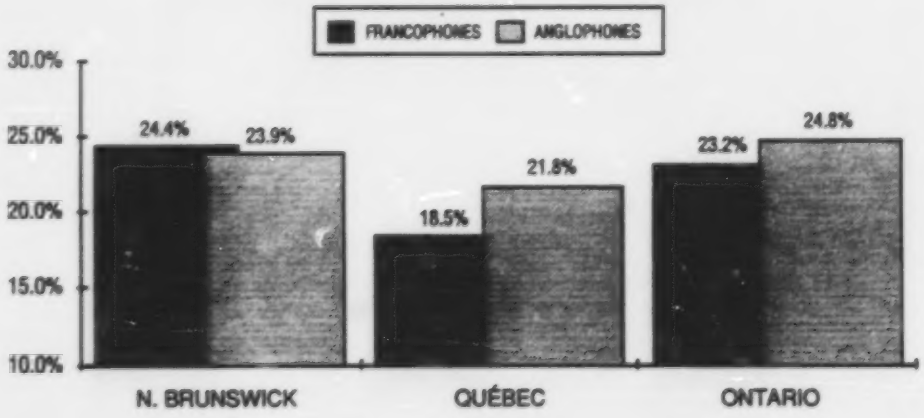
Health Promotion Survey, 1985

In New Brunswick and Ontario, the same proportion of Francophones and Anglophones (approximately 24%) think that smoking helps one to remain thin.

In Quebec, 18.5% of Francophones and 22% of Anglophones think that smoking helps one to remain thin. This opinion is held by 25% of smokers. It varies considerably according to the degree of formal education: the more formal education one has, the less one is inclined to believe that "smoking helps one to stay thin". The higher one's household income, the more one is likely to believe that giving up tobacco after having been a heavy smoker greatly reduces health risks, and the less one is likely to think that "smoking helps one to remain thin".

Figure 3.3

"Smoking helps one to remain thin"
(Proportion of affirmative responses by provinces)



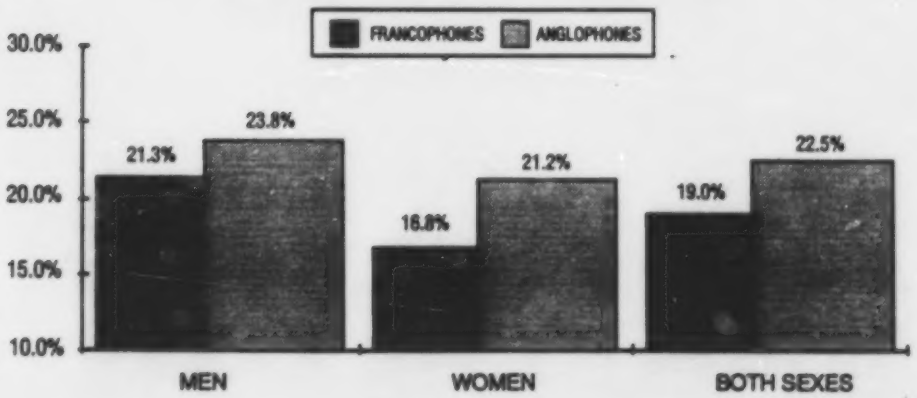
Health Promotion Survey, 1985

This opinion varies significantly according to sex. Among Francophones, 21% of men but only 17% of women think that smoking helps one to remain thin. This difference is less evident among Anglophones.

This opinion seems to be particularly common in the 45-54 age group (24%) and in the 55-64 age group (32%).

Figure 3.4

"Smoking helps one to remain thin"
(Proportion of affirmative responses by sex)

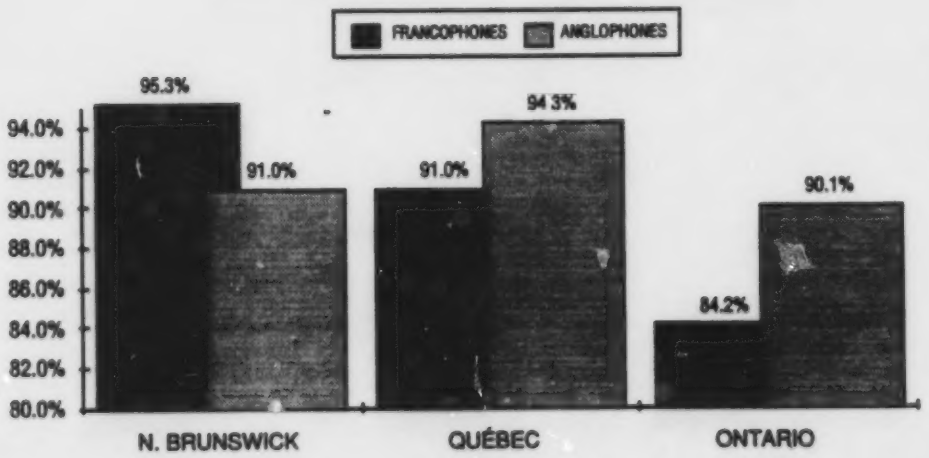


Health Promotion Survey, 1985

The great majority of respondents in the Health Promotion Survey agree that women should not smoke when they are pregnant (affirmative response rate greater than 90%). This attitude is observed in all three reference provinces, though the proportion of respondents giving an affirmative reply is slightly lower (84%) among Ontario Francophones.

Figure 3.5

"Pregnant women should not smoke"
(Percentage of affirmative responses by province)

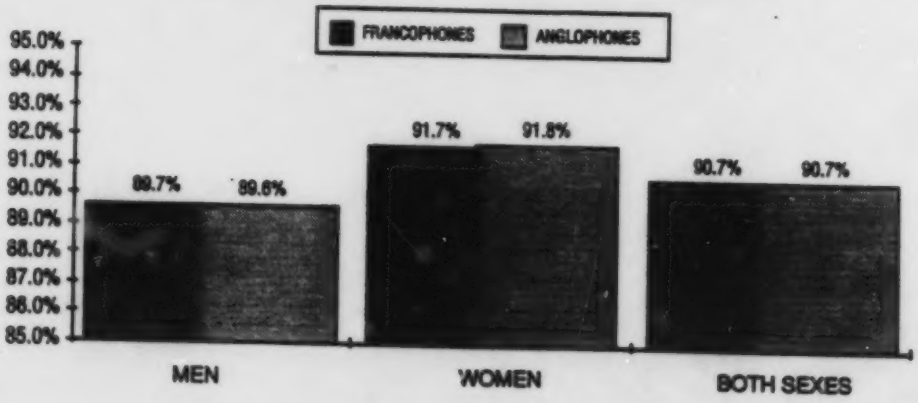


Health Promotion Survey, 1985

A great majority of both men and women (affirmative response rate greater than 90%) agree that women should not smoke when they are pregnant.

Figure 3.6

"Pregnant women should not smoke"
(Percentage of affirmative responses by province)



Health Promotion Survey, 1985

3.2

Attitudes to relations between smokers and non-smokers

In Quebec, 60% of Francophones, compared to 53% of Anglophones, think that "people are unduly concerned about health problems due to the fact that other people are smoking in their presence". On the other hand, only 44% of Canadians as a whole hold this opinion. In Quebec, one also observes significant differences in the opinions or attitudes regarding tobacco use, according to household income. The higher one's household income, the more one tends to disagree with this statement.

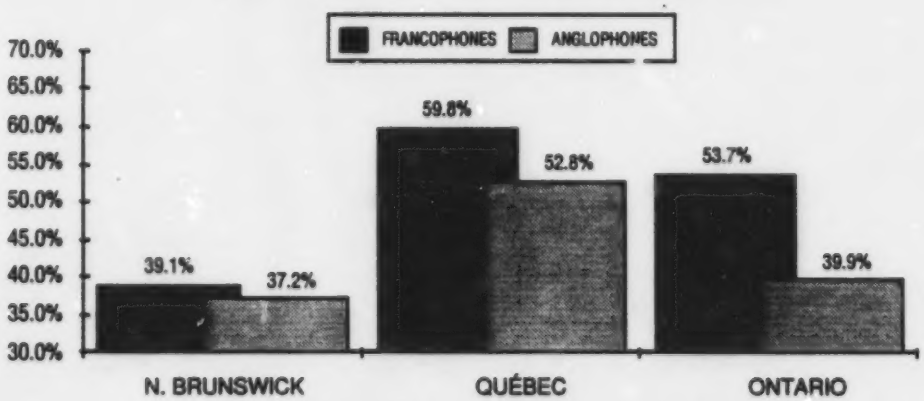
This opinion is also held by a majority of Ontario's Francophones (54%), compared with only 40% of the Anglophones in this province.

In New Brunswick, on the other hand, the difference between the linguistic groups is minimal, and this opinion is held by less than 40% of respondents.

Figure 3.7

"People fuss too much over others smoking"

(Percentage of affirmative responses by province)

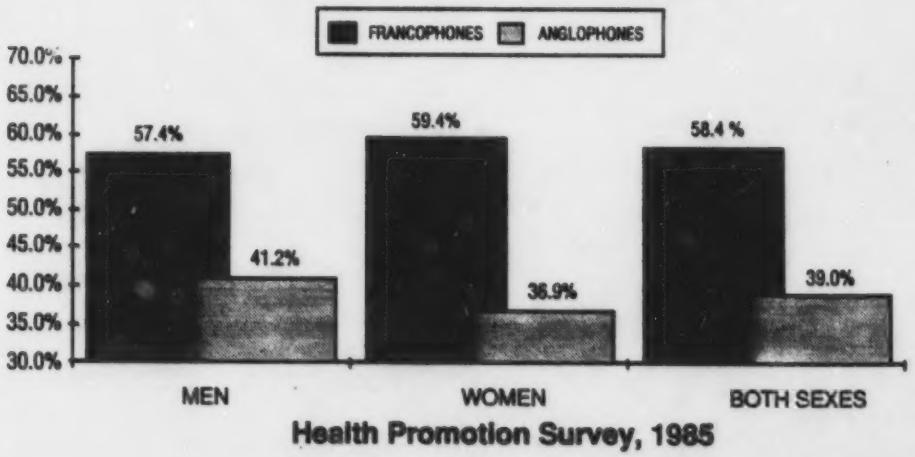


Health Promotion Survey, 1985

This opinion does not vary significantly according to the sex of the respondent; what seems to make all the difference is the language group. Nearly 60% of Francophones of both sexes, but only 40% of Anglophones of both sexes, think that "people are unduly concerned about health problems due to the fact that other people are smoking in their presence".

Figure 3.8

"People fuss too much over others smoking"
(Percentage of affirmative responses by sex)



Health Promotion Survey, 1985

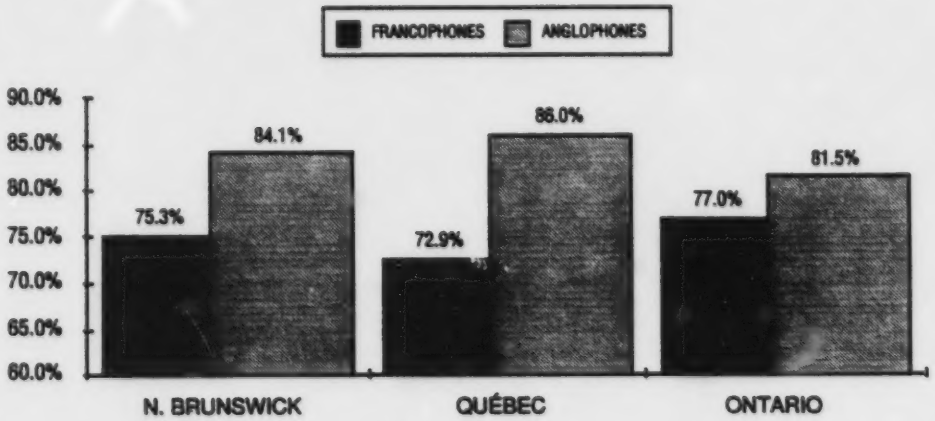
In Quebec, 73% of Francophones and 86% of Anglophones think that smokers should ask permission of other people before smoking in their presence. However, this opinion is held by only 64% of smokers, compared to 82% of non-smokers. This opinion varies significantly according to the level of formal schooling, and it is among people who have attended secondary school that one finds the most disagreement with the statement: "Before smoking in the presence of other people, smokers should ask their permission". In Quebec, people in the middle income bracket ($20,000 $39,000) most frequently disagree with this statement.

There does not appear to be any significant difference among the reference provinces on this point.

Figure 3.9

"One should ask permission before smoking in the presence of others"

(Percentage of affirmative responses by province)



Health Promotion Survey, 1985

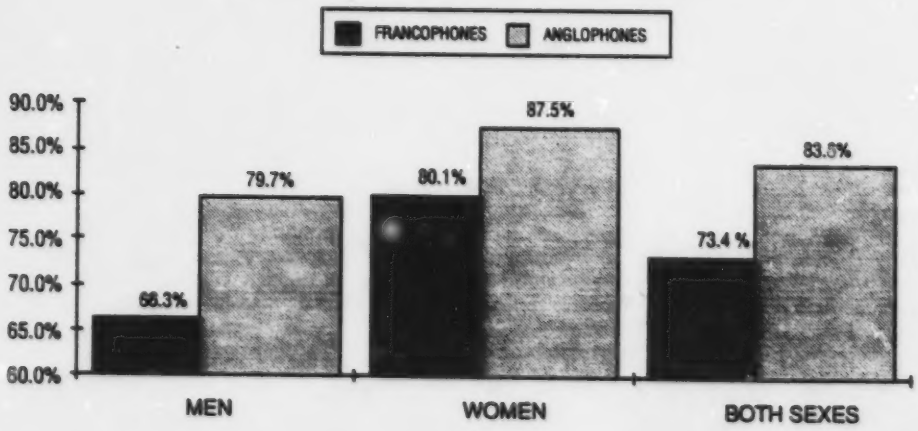
This opinion varies significantly according to sex. Among Francophones, 80% of women think that smokers should ask permission of other people before smoking in their presence. On the other hand, only 66% of Francophone men hold this opinion.

Among Anglophone respondents, there is also a difference of opinion between men and women, but it is much less important.

Figure 3.10

"One should ask permission before smoking in the presence of others"

(Percentage of affirmative responses by sex)



Health Promotion Survey, 1985

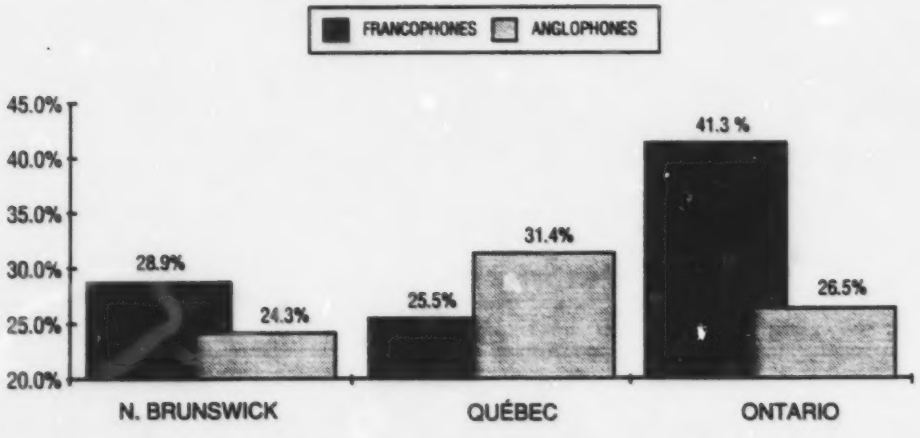
In Quebec, only 26% of Francophones, compared to 31% of Anglophones, think that "Most non-smokers are not annoyed when other people smoke in their presence". People who hold this opinion include 33% of smokers, compared to only 22% of non-smokers.

The linguistic difference is reversed in New Brunswick and Ontario, where proportionally more Francophones than Anglophones hold this opinion.

Figure 3.11

"The majority of non-smokers do not mind if people smoke in their presence"

(Percentage of affirmative responses by province)



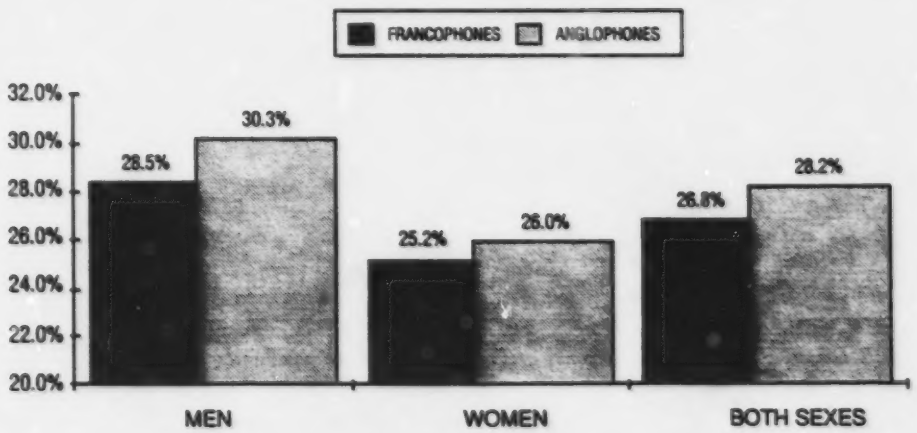
Health Promotion Survey, 1985

Among both Francophones and Anglophones, more men than women think that "most non-smokers are not annoyed when other people smoke in their presence".

Figure 3.12

"The majority of non-smokers do not mind if people smoke in their presence"

(Percentage of affirmative responses by province)



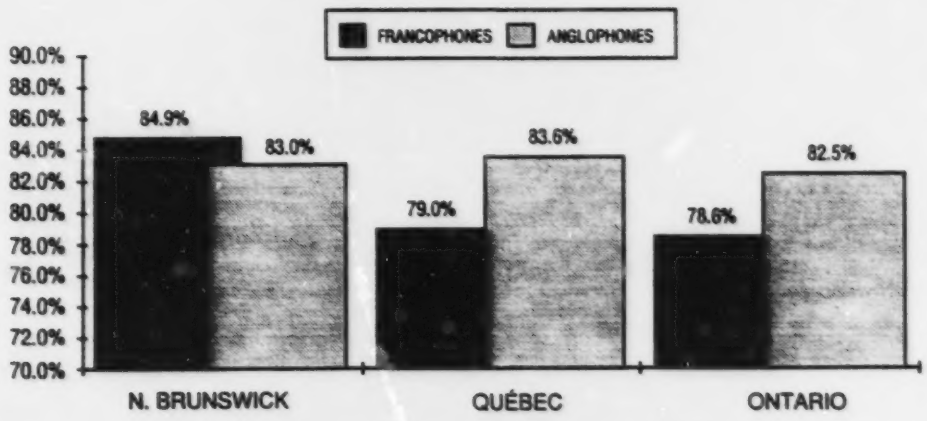
Health Promotion Survey, 1985

In Quebec, 79% of Francophones, compared to 84% of Anglophones, think that non-smokers should be provided with a smoke-free zone in the place where they work. (This opinion is held by 74% of smokers, compared to 84% of non-smokers).

This opinion varies significantly according to the level of formal education. The statement that non-smokers should be provided with a smoke-free area in the place where they work is rejected by 24% of people who have high school education, compared to 16% of those who have taken college studies, 14% of those who have attended elementary school only and 11% of those who have gone on to university. In Quebec, people in the middle income bracket ($20,000 - $39,000) most frequently disagree with statements to the effect that non-smokers should be provided with a smoke-free zone in the place where they work.

Figure 3.13

"Non-smokers should be able to enjoy pure air"
(Percentage of affirmative responses by province)



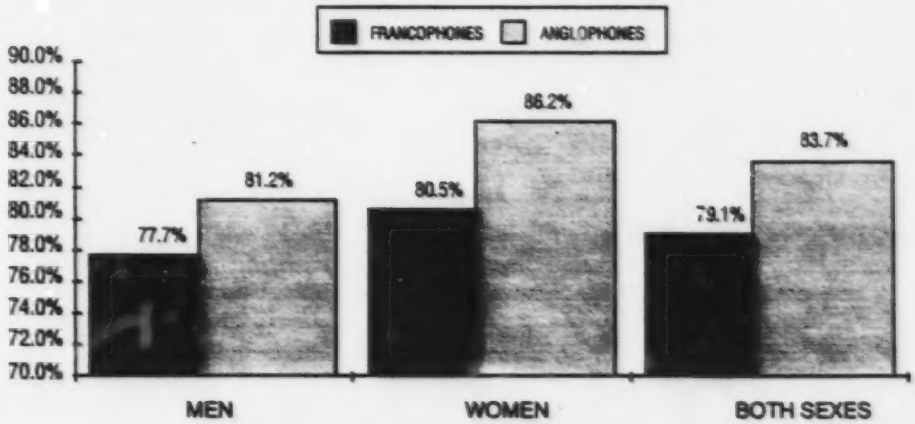
Health Promotion Survey, 1985

Both among Francophones and Anglophones, proportionally more women than men think that non-smokers should be provided with a smoke-free zone in the place where they work.

In the omnibus survey conducted by the Lanaudière Department of Community Health, the great majority of Quebec respondents would like spaces to be provided for smokers and for non-smokers in the workplace (81.4%) and in such public places as restaurants, grocery stores and banks (87.2%). Young adults (aged 18 to 24) are the most favourably disposed to the establishment of smoking and non-smoking areas in public places and in the workplace (Phaneuf, R. and Marcoux, L., 1988).

Figure 3.14

"Non-smokers should be able to enjoy pure air"
(Percentage of affirmative responses by sex)



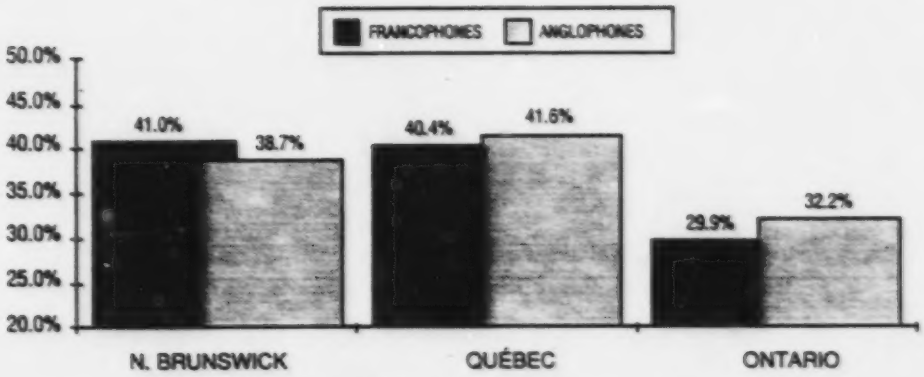
Health Promotion Survey, 1985

3.3
Attitude to government involvement

Francophones differ very little from Anglophones in their attitude towards government involvement with smoking. In New Brunswick and Quebec, approximately 40% of respondents in both language groups said that it is extremely important that the government deal with smoking. This proportion is substantially lower in Ontario (about 30%) for both language groups.

Figure 3.15

"It is extremely important that the government deal with smoking"
(Percentage of affirmative responses by province)



Health Promotion Survey, 1985

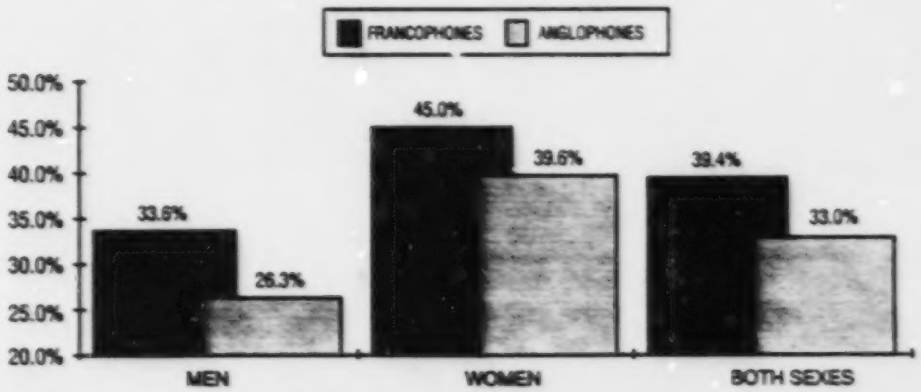
This attitude varies according to the language group and sex of the respondents. Among Francophones, 45% of women and 34% of men are in favour of active government involvement in the area of smoking. Among Anglophones, 40% of women and 26% of men are in favour of direct government involvement in this field.

In the omnibus survey conducted by the Lanaudière Department of Community Health, the majority of Quebec respondents are in favour of a policy that would prohibit the advertising of tobacco products (63.4%). Among regular smokers, the number of people in favour of such a prohibition is 58.4% (Phaneuf, R. and Marcoux, L., 1988).

Figure 3.16

"It is extremely important that the government deal with smoking"

(Percentage of affirmative responses by sex)



Health Promotion Survey, 1985

4.
Resources Available to Combat Smoking among Francophones

After consultation with key informants (24 resource people in the field of smoking in the provinces of New Brunswick, Quebec, Ontario and Manitoba), we are in a position to describe the resources that are available to combat smoking among Canada's Francophones. These resources are divided into six categories:

- Non-governmental health organizations
- Governmental health organizations
- Political and social pressure groups
- Methods to stop smoking
- Written documents
- Audio-visual materials

Although some of the groups and organizations inventoried could be classified in more than one of the four first categories, we have adopted an order of presentation that reflects what characterizes them best. In order to determine the **specific field of action** of each organization, we present a concise definition of its current objectives and activities, together with the direction of future actions it is contemplating to combat smoking among Francophones.

Figure 4.1 presents a summary of the resources that we have contacted for combatting smoking among Canada's Francophones.

Figure 4.1

NON-GOVERNMENTAL HEALTH ORGANIZATIONS

Francophone Committee of the National Program to Reduce Tobacco Use

Quebec Lung Association	Quebec Heart Foundation	Canadian Cancer Society	Canadian Council on Smoking and Health

GOVERNMENTAL HEALTH ORGANIZATIONS

Health and Welfare Canada

New Brunswick Department of Health and Community Services	Eastern Ontario Health Unit	Manitoba Ministry of Health
Quebec Ministry of Health and Social Services	Departments of Community Health in Quebec	Quebec Ministry of the Environment

POLITICAL AND SOCIAL PRESSURE GROUPS

Non-smokers' Rights Association	Regional Associations of Non-smokers

METHODS AND PROGRAMS TO STOP SMOKING

GROUP METHODS

Y Smoke
Smoke Stoppers
Cig-arrête
Cig-arrêtons
Notre-Dame clinic for smokers
Canadian Stop Smoking Clinics
Dawson College
Butt Out
Francine Fillion
Montreal General Hospital
Jewish General Hospital
James Cook
Méthode Jean-Paul Coulombe
5-Day Plan
Better Living without Smoking
Smokenders
Smokers Anonymous
Tabac Stop
Countdown
Smokeless
Vibralife

INDIVIDUAL METHODS

Quit for Good
How to Be a Happy Ex-Smoker
Cdn. Assoc. of Hypnotherapists
Hypnotherapy - Pécarvé R.
Méthode Francine Marsan
Time to Quit
Non-fumeur en 20 jours
Become a Non-smoker
Calling It Quits
In Control, Freedom from Smoking
Three-Step Program to Becoming Smoke-free for Life

4.1

Non-governmental health organizations

A number of non-governmental health organizations, which are presented in Figure 4.1, specialize in planning and carrying out educational activities. Most of them are public or non-profit organizations that distribute, to the community, an abundant documentation on **the harmful effects of smoking** and on the **benefits of not smoking**, or that offer means of stopping smoking or of remaining a non-smoker. These agencies normally work with a large number of organizations such as educational institutions, municipalities and businesses. Some of them emphasize activities directed towards specific target groups: young people, pregnant women, doctors, workers, etc.

For the purposes of this research, we have considered organizations that deal with the Francophone community on a fairly large scale (at the provincial or national level). This choice of agencies does not pretend to be a complete listing of initiatives to combat smoking among Francophones, but it does give a good overview of the current situation in this language group.

In this chapter, the reader will find a description of the objectives, major activities and projection data that have been identified for each organization.

4.1.1

Francophone Committee of the National Program to Reduce Tobacco Use

The National Program to Reduce Tobacco Use was created in the fall of 1985 in order to eliminate what is now identified as **the major avoidable cause of health problems in Canada**. The aim of the program is to bring together various groups that wish to work together to develop an effective, coherent and comprehensive program to combat smoking. The motto of the Program reflects the intention to **"break free for a new generation of non-smokers"** by the year 2000.

Participants in the program include Health and Welfare Canada, the provincial and territorial ministries of Health, and the following national health organizations: the Canadian Cancer Society, the Canadian Council on Smoking and Health, the Canadian Public Health Association, the Canadian Medical Association, the Canadian Heart Foundation, Physicians for a Smoke-free Canada, the Canadian Pharmaceutical Association, the Canadian Lung Association and the Canadian Nurses Association. A **Francophone committee for consultation, planning and implementation** was established in 1987 in order to direct actions that are more specifically aimed at the Francophones of Canada. The Program has three objectives:

- to help non-smokers remain non-smokers;
- to encourage and help smokers to break their habit;
- to protect the health and rights of non-smokers.

In order to create, encourage and maintain a social environment where non-use of tobacco will be the expected and desired behaviour, and in order to improve access to resources of prevention, information and assistance for people who want to stop smoking, the following strategies have been developed:

- establishment of laws and regulations;
- improvement of access to information;
- improvement of access to programs and services;
- communication of anti-smoking messages;
- support for community initiatives;
- development and coordination of policies supporting health objectives;
- accomplishment of the necessary research.

The projects undertaken so far primarily target young people from 12 to 17 years of age, this being the time of life when most people acquire the smoking habit. Other projects concern the general population or specific target groups, women, workers, etc. Figure 4.2 summarizes the projects currently under way, and classifies them in relation to the three objectives of the National Program.

Figure 4.2
Projects mounted by groups participating in the
National Program to Reduce Tobacco Use

1. TO HELP NON-SMOKERS TO REMAIN NON-SMOKERS

Smoke-free, a program for preschool-age children
Canadian Cancer Society and Health and Welfare Canada

P.A.L., A program to prevent tobacco use
Health and Welfare Canada

(Les enfants... c'est votre affaire (Children... it's your business)
New Brunswick Department of Health

(Les 13 exploits de Jaspir (The 13 exploits of Jaspir)
Health and Welfare Canada

Social Marketing Research on Non-smoking
Saskatchewan Ministry of Health, Health and Welfare Canada
New Brunswick Department of Health

Advertising campaign to produce a generation of non-smokers
(All participants)

Private sector initiatives
(In collaboration with Health and Welfare Canada)

"Pharmacists...Stand up and be counted!"
Canadian Pharmaceutical Association and Health and Welfare Canada

Decisions
British Columbia Ministry of Health (in English only)

Tobacco Products Control Act
Province of British Columbia

Tobacco Products Regulation Act
Federal Government

II. TO HELP SMOKERS TO BREAK THEIR HABIT

Break Free - Leaving the Pack Behind
Alberta Community Health and Occupational Hygiene

III. TO PROTECT THE HEALTH AND RIGHTS OF NON-SMOKERS

An Act Respecting the Protection of Non-smokers in Certain Public Places
Bill 84, Province of Quebec

Smoking in the Workplace Manual
Alberta Community Health and Occupational Hygiene

Policy on tobacco use in the public service
Treasury Board of Canada

National Clearinghouse on Smoking and Health
(participating members)

4.1.2

Quebec Lung Association (QLA)

The Quebec Lung Association (QLA) tries to combat respiratory disease through popular education. The association distributes an abundant documentation to schools, business firms, health centres, etc. For many years, it has also been active in organizing National Non-smoking Week. The QLA is the Quebec branch of the Canadian Lung Association. Moreover, the Francophone documentation distributed by the other provincial branches largely comes from Quebec.*

In 1985, the QLA organized a provincial seminar on the theme "Tobacco and Health: Today and Tomorrow", which brought together a number of individuals and groups involved in the health field. According to QLA projections, priority should be given to increasing distribution of information documents and to taking action, especially in schools, in order to prevent the introduction of young people to tobacco use. The QLA intends to produce a **catalogue of suggested activities** on smoking, which can be carried out in a school setting, and a **behaviour observation and knowledge game** on smoking for elementary school students. The Association also intends to encourage the formation of non-smokers' clubs in the schools.

The QLA recommends actions targeting pregnant women, female ex-smokers to help them remain non-smokers, and doctors to help them quit smoking themselves and encourage their patients to do so, by referring the doctors to available resources.

*This particular fact regarding the central origin of French-language documents on smoking is also true of other Canada-wide organizations that have a branch in Quebec and in the other provinces where there are Francophones.

4.1.3

Quebec Heart Foundation

The Quebec Heart Foundation seeks to inform the public about risk factors in heart disease and to raise funds for research and education. It distributes pamphlets, posters and audio-visual documents on smoking, including a kit for establishing the "smoke-free spaces" program, which primarily targets schools, hospitals and business firms. This program is designed to reward individuals and organizations that create smoke-free spaces, and to make adults aware of the important role they play in influencing young people.

The Foundation hopes for more cooperation and collaboration among organizations working to reduce smoking. It also thinks greater priority should be given to women, especially pregnant women. Indeed, it is currently producing a document on this subject. In the next few years, the Foundation intends to pursue and intensify its actions to combat smoking, though it is not planning to produce a large number of new documents. The Heart Foundation has offices in all Canadian provinces.

4.1.4

Canadian Council on Smoking and Health (CCSH)

The aim of the Canadian Council on Smoking and Health is to eliminate tobacco consumption. Its chosen mandate is to ensure coordination of programs to combat smoking in Canada. The Council publishes the quarterly Bulletin: Tabac/santé (Tobacco/health bulletin), helps organize Non-smoking week, and organized the 5th World Conference on Smoking and Health.

The CCSH has developed two pamphlets and a catalogue of group methods to help people give up tobacco. It also distributes information documents produced by other organizations involved in reducing smoking. In future, the Council intends to give priority to actions targeting women, children (by limiting the availability of tobacco) and the workplace, by lobbying for enactment of legislation prohibiting smoking at work.

The Council believes that consumer groups and organizations that deal with young people and with distributors of tobacco products should be

encouraged to participate in the fight against smoking. The CCHS has also suggested to the Francophone Committee that it give priority to "social marketing" research, in order to identify actions that are likely to have the greatest effect on Francophones, to ensure better distribution of available research data, and to collect more information on tobacco use among Francophones in comparison to Anglophones.

The CCHS has branches in some Canadian provinces. The activities organized by them generally reflect the national organization's concerns. The Quebec and New Brunswick branches seem to be involved with the Francophones.

4.1.5
Canadian Cancer Society

The goal of the Canadian Cancer Society is to eradicate cancer. To achieve this aim, it does research into the causes of this disease, and educates the public in prevention. The Society has documentation in the form of brochures, folders, posters, buttons, programs and audio-visual materials both on smoking and on various types of cancer. These documents address both the public in general and such specific clienteles as school children (preschool, elementary, secondary), doctors, people in the workplace, women, etc.

The Society also intervenes in the political sphere through actions in support of Bill C-51 (a federal statute), with a view to prohibiting the advertising and promotion of tobacco products, and through activities designed to enforce the Act Respecting the Protection of Non-smokers in Certain Public Places (Bill 84 of Quebec). The Society has suggested to the Francophone committee that priority actions be developed to target composite schools (first division of the secondary system) and the business and industrial sector.

The Canadian Cancer Society thinks that research strategies should also be developed to identify better approaches to increasing public awareness, by making people more informed about the harmful effects of tobacco use. The Society has divisional offices in all Canadian provinces.

4.2.

Governmental health organizations

In this section, we shall describe the involvement of various governmental agencies by identifying the objectives and the current and future activities contemplated by each. The following bodies have been consulted: Health and Welfare Canada; the New Brunswick Department of Health and Community Services (D.H.C.S.); the Eastern Ontario Health Unit (E.O.H.U.); the Manitoba Ministry of Health (M.M.H.); the Quebec Ministry of Health and Social Services; the Lanaudière Departments of Community Health (DCHs); the Quebec Ministry of the Environment.

4.2.1

Health and Welfare Canada

Health and Welfare Canada is the government agency that determines and administers health policies at the national level. This department distributes an abundant documentation in the form of folders, posters, audio-visual documents, brochures and programs on smoking, alcohol and drug abuse. In 1982, Health and Welfare Canada launched the program "Break free for a new generation of non-smokers", the objective of which is to achieve a generation of non-smokers in Canada by the year 2000. With this aim in mind, a number of programs primarily addressed to young people have been established. Among these, we may mention "Smoke-free" for preschool children, the "PAL" program (peer prevention of tobacco use among 11- to 13-year-olds), and "Jaspir" for young people from 12 to 17 years of age. Health and Welfare Canada also distributes an individual method for stopping smoking, entitled "Time to Quit".

Health and Welfare Canada also organizes various efforts to alert the public to smoking's harmful effects through media advertising campaigns and educational projects like "Pharmacy", which urges pharmacy owners not to promote and sell tobacco. With some twenty other government and charitable agencies, this department takes an active part in the National Program to Reduce Tobacco Use in Canada.

4.2.2

New Brunswick Department of Health and Community Services (D.H.C.S.)

The New Brunswick Department of Health and Community Services has made a special effort to reduce the incidence of smoking over the last four years. In 1983, it produced three background papers to establish a global strategy of intervention for New Brunswick's population. Among the activities undertaken over the last few years, we may note the following: a slide show on tobacco use in New Brunswick; development of the pilot project "Children, it's your business"; promotion of the campaigns "Time to Quit" and "Break free for a new generation of non-smokers"; completion of an inquiry into the anti-smoking policies adopted by New Brunswick's hospitals; distribution of information on the harmful effects of smoking; and promotion of smoke-free public places.

The D.H.C.S. of New Brunswick has also adopted an anti-smoking policy on its premises, and has facilitated enactment of regulations allowing municipalities to take action in this area in their respective jurisdictions.

The D.H.C.S. suggests that priority be given to planning interventions with business firms, in order to reduce tobacco use in the workplace, and in public places through stricter legislation. The Ministry is also hoping to take action in the interests of teenagers, in particular by prohibiting the sale of cigarettes individually. The D.H.C.S. notes that it is hoping to conduct a study or gain access to more socio-demographic data, in order to determine the precise extent of smoking in New Brunswick.

4.2.3

Eastern Ontario Health Unit (E.O.H.U.)

Since 1985, the Eastern Ontario Health Unit has made reduction of smoking a priority. It works with educational institutions, municipalities and businesses in Eastern Ontario.

In this region's schools, smoking prevention is just as much a part of the school curriculum as information on hygiene and on sexually transmitted diseases. The E.O.H.U. hopes that action will be taken to induce municipalities to adopt legislation on the use of tobacco in public places, and that similar pressures will be exercised in order to legislate tobacco use in the workplace.

The E.O.H.U. hopes to intensify its activities aimed at young people, in particular through the development of a program for Francophone youth (9- to 12-year-olds), which would include two specific elements: an educational component, and a component on cessation of tobacco use. The Unit recommends more detailed analysis and wider distribution of research in the area of smoking. The E.O.H.U. also hopes that maintenance measures will be set up to support smokers once they have stopped smoking (hotline, community resources referral agency, etc.).

4.2.4

Manitoba Ministry of Health (M.M.H.)

The Manitoba Ministry of Health has made schools a priority in its efforts to combat smoking. It uses the P.A.L. program (Peer education) to reach young adolescents through their teachers. The M.M.H. hopes that prevention programs will be developed for women and for preschool-age children. The Ministry suggests that actions be undertaken to make greater use of mass media in order to reach target groups.

All the information that the M.M.H. distributes to Manitobans is in English. According to the Ministry, this situation is due to the fact that the Franco-Manitoban Society has not yet shown any great interest in reducing smoking. However, the Ministry thinks that any information campaigns targeted to Manitobans should be bilingual, and that services to assist smokers should be available in both official languages. Nevertheless, bilingualism does not seem to have always been present in the campaigns conducted so far.

4.2.5
Quebec Ministry of Health and Social Services (M.H.S.S.)

The role of the Quebec Ministry of Health and Social Services is to establish and administer health policies in Quebec. The Ministry distributes information, brochures and posters dealing with such subjects as the harmful effects of tobacco use, methods to stop smoking and the importance of respecting non-smokers in their working environment.

In 1986, the M.H.S.S. developed the "Pure Air" program, aimed at its staff and visitors. The aim of this program is to obtain smoke-free public places in Ministry buildings. The "Pure Air" program has three elements: "Pure Air" signs in places where smoking is prohibited; a promotional campaign to make Ministry staff and the visiting public aware of the program's objectives; and organization of services to assist employees who wish to stop smoking.

Moreover, the Quebec Ministry of Health and Social Services intends to make greater efforts to reduce smoking, this area of intervention being included in its priorities for 1988. At the time we consulted it, the Ministry was busy drafting a project for action to prevent smoking, which will target Quebec's health-care establishments. This project will be oriented towards action covering both smoking and cardiovascular diseases, and a background paper concerning it should be available shortly.

4.2.6
Departments of Community Health (D.C.H.)

There are 32 Departments of Community Health in Quebec. These departments, attached to an equal number of hospitals, are strategically located to cover the entire province. Their aim is to promote health in the territory they serve. The DCH, which are grouped together in the community health division of the Quebec Hospitals Association (QHA), have formed a **provincial task force on smoking** whose aim is to reduce the incidence of cardiovascular disease and lung cancer. More particularly, the task force's objective is that **the proportion of non-smokers in the population aged 15 years and over reach 90% (an annual increase of 1.5%) by the year 2000.**

In order to attain this objective, this group has produced a work plan advocating action to inform the public and to lobby for enactment of legislation to control governments' tobacco use and the sale of tobacco products. This group can also be considered as a political and social pressure group. In particular, the QHA has submitted a brief on Bill C-51 prohibiting the advertising of tobacco products, and has produced a guide to the implementation of the Act Respecting the Protection of Non-smokers in Certain Public Places (Bill 84). The QHA thinks that actions to reduce smoking must target students (especially young women) and municipalities, so that they will legislate on tobacco use in public places. Moreover, a number of Quebec's Local Community Services Centres (LCSCs) have also attempted to reduce smoking in their respective provinces and territories.

4.2.7

Quebec Ministry of the Environment (MENVIQ)

The Quebec Ministry of the Environment is the governmental agency that coordinates the enforcement of the Act Respecting the Protection of Non-smokers in Certain Public Places (Bill 84), the first Canadian provincial statute to prohibit the use of tobacco in public places. This ministry is responsible for supervising and evaluating the enforcement of this statute in public, governmental and para-governmental agencies and in the education, higher education, and health and social services systems.

To facilitate compliance with the Act, MENVIQ distributes folders, information kits, posters, information sheets, courtesy tickets and notice of infraction forms. It works in collaboration with the other ministries involved (Education, Municipal Affairs, Health and Social Services) to enforce this statute.

4.3

Political and social pressure groups

In this section, we discuss the two major pressure groups and their current involvement. These are the Non-smokers' Rights Associations and the regional associations of non-smokers.

4.3.1

Non-smokers' Rights Association (N.S.R.A.)

The Non-smokers' Rights Association is an organization whose aim is to protect non-smokers. Its principal activity is to exercise political and social pressure in order to force governments to legislate on matters pertaining to tobacco use.

The N.S.R.A. lobbied federal MPs to get them to put smoking on the order paper for House of Commons debates in 1985-86. More recently, the Association has tried to persuade the federal government to adopt Bills C-51 and C-204, in the face of opposition from the tobacco manufacturers' powerful lobby. In future, the N.S.R.A. plans to lobby governments to develop legislation on tobacco use in the workplace.

The N.S.R.A. recommends the following priorities: elimination of tobacco advertising; more public awareness campaigns; adequate monitoring of existing legislation; and a smoking prevalence of 10% by 1993. The Association has offices in some Canadian provinces.

4.3.2

Regional associations of non-smokers

Regional associations of non-smokers defend non-smokers' rights to a smoke-free environment. They write reports and briefs and circulate petitions to increase government action to protect non-smokers' rights. These community organizations usually have several members, and some offer smokers methods for quitting.

Non-smokers' associations, often made up of non-smokers, should not be confused with ex-smokers' groups, which try to help smokers who have recently quit.

5
Methods to Stop Smoking

Consultation of the descriptive lists of methods that we received from the organizations we consulted reveals significant discrepancies among the various inventories. In our compilations, we used the most recent information available, and also verified some information with certain groups.

The development of a computer file enabled us to combine information items from a variety of sources and to develop a tool for storing information that could easily be modified when updating was necessary. We presently have the following information for preparing the information record of each program:

Official name of the program
Mode of intervention (group or individual)
Number of meetings
Number of participants
Cost
Moment when last cigarette smoked
Nature of follow-up
Type of evaluation
Description of activities
Remarks on availability
Agency responsible
Resource person
Address
Telephone number

This inventory of methods includes all programs to help people quit smoking that were mentioned by the respondents, 32 programs or methods in all. Seven of these programs are only available in English but were inventoried anyway, either because our respondents indicated some interest in them or because they are available to Francophone smokers who have a good knowledge of English.

The inventory of programs to stop smoking that the reader will find on page 75 does not pretend to be exhaustive. However, it is representative of the kinds of programs that are available to Francophones in Canada. We have divided the following inventory into two parts, according to major mode of intervention: programs applied in a group (21 different programs), and individual treatment methods (12 different methods).

5.1

Group methods to stop smoking

The following group methods were inventoried and analyzed in the file that accompanies this section.

Abandon du tabac/Y Smoke
Cessons de fumer/Smoke stoppers
Cig-arrête (Stopping cigarettes)
Cig-arrêtons (Let's stop cigarettes)
Notre-Dame clinic for smokers
Canadian Stop Smoking Clinics
Dawson College
Écrasez-la/Butt Out
Francine Fillion, Centre d'animation émotivo-rationnelle (Emotional/rational facilitation centre)
Montreal General Hospital
Jewish General Hospital
James Cook
Jean-Paul Coulombe Method to stop smoking in 4 days
Plan de 5 jours (The five-day plan)
Vivre mieux sans fumer/Better Living Without Smoking
Smokenders/Canada Ltd.
Smokers Anonymous
Tabac stop/Stop tobacco(In English only)
Countdown (also Operation Kick It)
Smokeless
Vibralife

The 21 group programs vary enormously among themselves. The number of meetings varies from one to twelve per program, about half of the programs offering 5 to 9 meetings.

The number of participants also varies according to program. Some programs are said to be applicable to a high or unlimited number of participants *(Cig-arrête, Méthode Jean-Paul Coulombe, Smokenders Canada, Smokeless, James Cook)*, while others apply to small groups of 6 to 12 people *(Canadian Stop Smoking Clinics, Smokers Anonymous, Notre-Dame clinic for smokers, Jewish General Hospital, Montreal General Hospital)*. Nearly half the programs for which the number of participants was speci-

fied apply to groups of 12 to 35 participants *(Y Smoke, Smoke Stoppers, Cig-arrêtons, Francine Fillion, Plan de 5 jours, Better Living Without Smoking, Tabac Stop)*.

Costs per participant vary greatly. These can be: **free or minimal cost** *(Butt Out, Smokers Anonymous, Cig-arrêtons [$5])*; **from $35 to $95** (Countdown, James Cook, Méthode Jean-Paul Coulombe, Plan de 5 jours, Tabac Stop); **from $100 to $200** *(Y Smoke, Dawson College, Cig-arrête, Francine Fillion, Better Living Without Smoking, Smokeless)*; and **more than $200** *(Canadian Stop-Smoking Clinics, Smoke Stoppers, Notre-Dame clinic for smokers, Jewish General Hospital, Smokenders of Canada Ltd., Vibralife)*.

As far as the manner in which cessation of tobacco use is achieved, some programs propose a gradual reduction *(Y Smoke, Francine Fillion, James Cook, Smokers Anonymous)*. Some programs are designed to get people to stop smoking during the program's period of application *(Smoke Stoppers, Notre-Dame clinic for smokers, Montreal General Hospital, Plan de 5 jours, Tabac Stop, Cig-arrêtons, Cig-arrête, Smokenders of Canada Ltd.)*. Finally, in other programs, the last cigarette is smoked at the first meeting *(Canadian Stop Smoking Clinics, Méthode Jean-Paul Coulombe, Better Living Without Smoking)*.

Follow-up of participants after application of the program varies greatly. For more than half the programs, no specific information was given concerning the type of follow-up. Three groups allow people who start smoking again to repeat their program free of charge *(Canadian Stop Smoking Clinics, Smoke Stoppers, Cig-arrête)*. Other programs have an important follow-up, usually involving three meetings, after application of the program *(Notre-Dame clinic for smokers, Montreal General Hospital, Smoke Stoppers, Better Living Without Smoking)*.

Only 8 group programs (of the 21 we inventoried) indicated that they provide participants with documentary materials and specific tools in the form of guides, manuals, participant's notebook or booklet, sometimes accompanied by cassettes *(Dawson College, Cig-arrête, Vibralife, Cessons de fumer / Smoke stoppers, Countdown, Francine Fillion, Better Living Without Smoking)*. It seems, then, that the print and audio-visual materials available from governmental and non-governmental health organizations are suitable to the other programs.

These 21 group programs offer a wide variety of methods to smokers who want to quit. Formal features apart, however, we know very little about each program's specific activities and actual effects. To our knowledge, there are almost no studies of the dynamics of group intervention in this field. Evaluation of the effectiveness of various cessation programs,

though more widespread in the United States, is very limited in Canada. Only one program (Better Living Without Smoking) was subjected to a scientifically valid assessment, in which outside experts evaluated all enrolled participants through measures of abstinence at six and twelve months. Some other programs seem to have attempted self-assessment, but without using recognized objective measures or calling upon independent evaluators.

This lack of evaluation is a serious drawback. How can we help smokers to choose a cessation program that will work for them, when consumers have no reliable data to estimate the effectiveness of these methods? In fact, the only information available is provided by the promoters themselves, and often claims fabulous success rates. Are we dealing here with a case of deceptive advertising?

Consequently, one should not only be able to specify the real impact of the various group programs, but one should also be better acquainted with the profiles of clienteles for which these programs have a higher specific performance.

It would then be possible to guide the potential ex-smoker more effectively through this new market of group methods to give up tobacco.

5.2

Individual methods to stop smoking

The following individual methods have been inventoried and analyzed in the file that accompanies this section.

Centre de traitement anti-tabac Mésodermique Inc.
(Mesodermic Anti-smoking Treatment Centre Inc.)

Cesser pour de bon/Quit for Good

Comment devenir un ex-fumeur et rester de bonne humeur/
How to Be a Happy Ex-Smoker

Hypnotherapy - Canadian Association of Hypnotherapists

Hypnotherapy - Pécarvé R.

Méthode Francine Marsan (Francine Marsan method)

Moi aussi, j'écrase/Time to Quit

Non-fumeur en 20 jours/Stop smoking in 20 days
(in English only)

Become a Non-Smoker

Calling It Quits

In Control, Freedom from Smoking

Three-Step Program to Becoming Smoke-Free for Life

These methods to stop smoking offer individualized services to the smoker who wishes to give up tobacco. A first type of individualized method consists of providing the client with specialized documentary material *(Calling It Quits; Quit for Good; How to Be a Happy Ex-Smoker; In Control, Freedom from Smoking; Time to Quit; Non-fumeur en 20 jours)*. The costs of purchasing this material vary greatly. Some organizations provide the material free of charge, others charge a few dollars and some charge more than $20.

A second type of approach involves inducing the smoker to consult a specialist in behavioural science *(hypnotherapy - Canadian Association of Hypnotherapists, Hypnotherapy - Pécarvé R.; Méthode Francine Marsan)*. The amount charged per meeting varies from method to method, from a low of $50 *(Canadian Association of Hypnotherapists)* to $350 *(Méthode Francine Marsan)*.

There are, of course, other individual approaches, such as acupuncture for example, but they were not mentioned by our respondents and have thus not been included in this initial version of our inventory.

In most of the individual methods we examined, the last cigarette is generally smoked during the individualized program to give up tobacco. We also observed no follow-up after the support materials are purchased or after the individual consultation. No details were provided concerning the success rate of any of these methods, and we can suppose that no objective evaluation was made among French-speaking Canadians.

One should be able to identify the real impact of the various individual methods, which often claim to be "miracle cures", and one should be more familiar with the types of clients who respond best to each of the approaches.

It would then be possible to give the potential ex-smoker correct information on the real possibilities and limitations of each individualized method to end smoking.

5.3

Inventory of programs and methods

Group methods to stop smoking

Abandon du tabac/Y Smoke
Program: group / 10 meetings / 10-15 participants **$140**
Gradual reduction, and cessation in the 6th week.
Follow-up: not specified
Physical activity, nutrition, stress control
A behaviour modification approach based upon elements associated with giving up tobacco (physical activity, nutrition, control of stress).
Program available in French and in English in all YMCAs.

YMCA
1441 Drummond Street
Montreal, Quebec
H3A 2W6 (514) 849-5331

Cessons de fumer/Smoke Stoppers
Program: group / 5 meetings / 15-35 participants **$160**
Last cigarette: At the second meeting.
Follow-up: 3 meetings (1 hour once a week)
Participant's manual (cassettes)
Behavioural method of stress control in three stages: preparation, instruction, reinforcement. The program is offered in health care establishments and in the workplace by facilitators who themselves are ex-smokers.
Free repeat of program for people who start smoking again.
In French and English. An organization that has evaluated itself.

National Health Promotion Centre Yvon Vaillant
P.O. Box 2545, Station D
Ottawa, Ontario
K1P 5W6 (819) 684-9461 Mtl. (514) 385-5838

Cig-arrête (Stopping smoking)
Program: group / 2 meetings / 50 to 60 participants **$139**
Last cigarette: 20th day.
Follow-up: 3 telephone reminders.
A guide
1st meeting: deprogramming; participants are given a guide to read for the next 20 days. The 2nd meeting (reprogramming) takes place after the 20th day.
Free session for those who begin to smoke again.

Cig-arrête
1414 St-Cyrille Blvd. West
Quebec City, Quebec
G1S 1X2

Cig-arrêtons (Let's stop smoking)
Program: group / 7 meetings / 30 participants **$5**
Last cigarette: Day before the 2nd meeting.
Follow-up: possibility of an additional evening
Approach based on group support.
Also offered at the Marieville Recreation Centre, 2005 Dupont St., Marieville, Quebec J0L 1J0

Richelieu Local Community Services Centre (L.C.S.C.)
633 12th Avenue
Richelieu, Quebec
J3L 4D5 (514) 658-7561

Notre-Dame Clinic for Smokers
Program: group / 9 meetings / 8-10 participants **$700**
Last Cigarette: At the 5th meeting.
Follow-up: 3 meetings (once a month)
A group approach that aims at harmonizing the two hemispheres of the brain (dominant and non-dominant). Uses subliminal impressions.
Mainly accepts smokers who have tried to stop smoking at least 7 times.
By appointment only. In French.

Notre Dame Clinic for Smokers
2475 Sherbrooke Street East
Montreal, Quebec
H2K 1E8 (514) 876-7458

Canadian Stop Smoking Clinics
Program: group / 5 meetings / 6-8 participants **$349**
Last cigarette: At the first meeting.
Follow-up: free therapy if participant starts smoking again.
Behavioural therapy based upon adverse conditioning. Reeducation of both the conscious and non-conscious mind to throw off and reject the use of tobacco. Offers a written guarantee with reimbursement.
In French and English

Canadian Stop Smoking Clinics
5250 Décarie Blvd., Suite 400
Montreal, Quebec
H2X 2H9 (514) 485-3733

Dawson College
Program: group / 3 meetings **$135**
Follow-up: two sessions
A manual and audio cassette.
Includes a manual and an audio cassette for a review after the clinic.
A one-day clinic with two follow-up sessions.

Dawson College Training and Development Centre
485 McGill Street
Montreal, Quebec (514) 866-9449

Countdown (Also known as Operation Kick-It)
Program: group (English) / 7 meetings **$75**
Ex-smoker's booklet entitled "A Lifetime of Freedom from Smoking".
This program of self-help and group help extends over 5 weeks. It is carried out by facilitators trained for it. It includes 7 one-and-a-half-hour sessions spread over 5 weeks.
In English only. Get in touch with the local offices of the Lung Association in Ontario and in Nova Scotia.

Ontario Lung Association Cindy Scherban
573 King Street East, Suite 201
Toronto, Ontario
M5A 1M5 (416) 864-1112

Écrasez-la (Butt Out)

Program: group / 9 meetings

A group program to encourage people to stop smoking, which was developed by the University of Waterloo for the Canadian Armed Forces. Nurses from the public services of HWC administer the "new" version of this program in the departments of the federal government.

It is possible to make arrangements to have team leaders trained. Health and Welfare Canada offers these programs to federal departments and agencies.

National Defence, DND - William Lewis (613) 995-6976
Health and Welfare Canada HWC - Wayne Corneil (613) 957-7678

Francine Fillion, Centre d'animation émotivo-rationnelle (Emotional/rational facilitation centre)

Program: group / 10 to 20 participants **$123.95**

Informal method, self-conditioning.

Individual workbook. Smoking is in one's head; reflection upon the habit of smoking and a technique for making it easier to stop smoking.

Workshops.

Centre d'animation émotivo-rationnelle Francine Fillion
11,180 Notre Dame
Montreal East, Quebec
H1B 2V9 (514) 645-7602

Montreal General Hospital

Program: group / 12 meetings / 8-12 participants **$150**

Last cigarette: at the 5th meeting.

Follow-up: 3 meetings (one per week)

Behavioural approach that makes people become aware of the effects of tobacco smoke on the body. Relaxation exercises. Conditioning of smokers to associate tobacco with a feeling of disgust and nausea.

Sessions in English and French. $100 reimbursed to participants who complete the program.

Montreal General Hospital Department of Behavioural Therapy
1650 Cedar Avenue
Montreal, Quebec
H3J 1A4 (514) 934-8034

Jewish General Hospital
Program: group / 8 meetings / 10-12 participants **$250**
Evaluates the individual situation of each smoker, to help the smoker to understand precisely what triggers his or her need to smoke. The 8 other sessions employ support and behaviour modification techniques.

Jewish General Hospital
3755 Ste. Catherine Road
Montreal, Quebec (514) 342-1440

James Cook
Program: group / 1 meeting / **$35**
Unlimited number of participants
Gradual cessation, usually in 3 or 4 days.
Follow-up: 1 evening if necessary

James Cook Quebec Federation of Non-smokers
822 Sherbrooke Street East
Montreal, Quebec
H2L 1K4

Méthode Jean-Paul Coulombe - Cesser de fumer en 4 jours
(The Jean-Paul Coulombe Method: How to stop smoking in 4 days)
Program: group / 4 meetings / **$40**
Unlimited number of participants
Last cigarette: first evening.
Follow-up: occasional lectures
Lectures on psychological and medical subjects. Testimonials.
In French only. Consecutive evenings.

Méthode Jean-Paul Coulombe
16 Terrebonne Street
Gatineau, Quebec
J8T 4Y6 (819) 561-6084 Mtl:(514) 324-3407

Plan de 5 jours (Five-day plan)
Program: group / 8 meetings / 15 participants (min) **$25 - $65**
Last cigarette: Usually the 1st or 2nd evening
Follow-up: monthly meetings.
Shock audio-visual documents.
Lectures focussing on the physical and psychological bad effects of cigarettes. Spiritual approach.
In French and in English for groups of 20 persons or more. In most provinces. Community programs offered 3 times per year.

7th Day Adventist Church
940 Chambly Road
Longueuil, Quebec
J4H 3M3 (514) 651-5222

Programme Vivre mieux sans fumer/
Better Living Without Smoking
Program: group / 8 meetings / 15-25 participants **$145**
Last cigarette: At the first meeting.
Follow-up: 3 meetings (one per week)
Participant's workbook, audio-visual documents
Approach based on the group as a phenomenon for reenforcing the decision to stop smoking and for developing strategies to do so.
Understanding physical and psychological dependency.
The only Quebec program evaluated by an independent organization according to scientifically recognized criteria. French and English. Consultation with business firms.

Vivre mieux sans fumer/ Mr. Mario Bujold
Better Living Without Smoking Centre
101 Lauzon Street
Châteauguay, Quebec
J6K 1C7 (514) 454-4665

Smokeless

Program: group (English) / 8-9 meetings / 1-75 participants **$175**
Follow-up: 2 weeks
This program, which shows how to stop smoking at once, is designed for implementation in the workplace, in health care institutions and in health and physical fitness centres.
In English only. American Institute for Preventive Medicine, 1911 West Ten Mile Road, Suite 101, Southfield, Michigan 48075. Tel. (313) 352-7666, Jane Till

Panova Institute for Health Promotion Inc. Tim Collishaw
7290 Leslie Street or Rian Cassells, Pres.
Thornhill, Ontario
L3T 6L7 (416) 886-2909

Smokenders of Canada Ltd.

Program: group / 6 meetings / Unlimited no. of participants **$550**
Last cigarette: the day after the 4th meeting.
Follow-up: telephone follow-up for the 8 wks of the program
Manuals.
This program comprises two stages: four weeks of preparation, and two weeks of follow-up. The facilitators are all ex-smokers who have successfully completed the smokenders program. One has to smoke during the first four meetings.
In English and in French. Training program based on learning techniques. Tries to inspire a new philosophy of life.

Smokenders of Canada Ltd. Gordon Allan
120 Bay Street, Suite 502
Toronto, Ontario
M5R 2A5 (1-800) 387-5537 or (416) 963-9042

Smokers Anonymous

Program: group / meetings as desired / 8-10 participants **Free**
Gradual cessation of smoking.
Follow-up: if the individual wants it.
The organization is not financially assisted. Meeting: Tuesdays at 7:30 p.m.

Smokers Anonymous Sandra McPhee
3650 St-Urbain
Montreal, Quebec
H2X 2P4 (514) 769-5490 or 766-6191

Tabac Stop (Stop tobacco)

Program: group / Variable no. of meetings / 10-15 participants **$95**
Last cigarette: usually on the 14th day
Follow-up: individual interviews if needed
Cognitive approach based on knowledge of the brain's mechanisms and of the means that may be used to change brain function.
A new program starts each week. Diagnostic service for business firms. French and English.

Tabac Stop
915 St-Cyrille Blvd. West, Suite 102
Sillery, Quebec
J1S 1T8 (418) 683-2535

Vibralife

Program: group (English) **$395**
Manuals
This program is based on a method that prepares smokers to give up tobacco all at once. The facilitator, a woman who is a graduate nurse, shows participants how to use the program's manuals.
In English only, and only in the Maritimes.

J and M Health Services Ltd. Janice Davison
6311 Allan Street
Halifax, N. S.
B3L 1G8 (902) 425-2025

Individual methods to stop smoking

Become a Non-smoker
Program: individual (English) **$6 a copy**
Manual
In English only. Developed by Dr. Robyn Richmond and by Professor Ian Webster, University of New South Wales, Australia

Canadian Public Health Association Resource Centre
210-1335 Carling Avenue
Ottawa, Ontario
K1Z 8N8 (613) 725-3769

Calling It Quits
Program: individual (English) **$13.50 (min)**
2 brochures, "How to Quit: A Guide to Help You to Stop Smoking" and "Guide to the Good Life: A Guide to Becoming a Non-smoker".
In English only. Produced by the National Institute for Health, c/o The National Cancer Institute, Bethesda, Maryland, USA 20205 Tel. (301) 496-4000

Canadian Heart Foundation Dr. Richard Lauzon
1 Nicholas Street, Suite 1200
Ottawa, Ontario
K1N 7B7 (613) 237-4362

Cesser pour de bon/Quit for good
Program: individual **$20 per kit**
50-page brochure
A brochure that is part of the "kit to help smokers to stop for good", intended for doctors. This brochure helps the smoking patient to evaluate his or her use of tobacco, and provides advice and tricks for stopping smoking and remaining a non-smoker.
Available in French and in English

Canadian Cancer Society
550 Sherbrooke Street West, Suite 985
Montreal, Quebec
H3A 3C5 (514) 842-3424

Comment devenir un ex-fumeur et rester de bonne humeur/ How to Be a Happy Ex-smoker)

Program: individual **Free**

A do-it-yourself guide to quit smoking. 25-page brochure.

This guide proposes a series of steps that leads smokers to reflect upon their smoking habit, to choose a strategy to stop smoking, to celebrate their cessation of tobacco use, and to continue to abstain from smoking while remaining in a good mood.

Available in French and in English ("How to Be a Happy Ex-smoker: A Do-It-Yourself Guide to Quit Smoking")

Canadian Cancer Society
550 Sherbrooke Street West, Suite 985
Montreal, Quebec
H38 3C5 (514) 842-3423

Hypnotherapy - Canadian Association of Hypnotherapists

Program: individual / 1 meeting **$50**

Last Cigarette: After 1 to 3 sessions.

Hypnosis session to strengthen the will.

Canadian Association of Hypnotherapists
805 Mount Royal East
Montreal, Quebec (514) 526-0013

Hypnotherapy - Pécarvé R.

Program: individual / 1 meeting **$75**

Last cigarette: 2 or 3 sessions.

Hypnosis session to strengthen the will.

2nd address: 3550 Côte des Neiges, Seaforth Med. Bldg., Suite 690, Montreal.

R. Pécarvé (Hypnotherapist)
3400 du Marché Street, Suite 102
Dollard des Ormeaux, Quebec
H9B 2Y1 (514) 684-6408

In Control, Freedom from Smoking

Program: individual and group / 13 meetings **$85**
Last cigarette: 6th day
Facilitator's guide, video-tape, participant's manual and an audio cassette.
A program that consists of a manual, a video-tape and an audio cassette. Title: In Control, Freedom from Smoking. A method similar to Moi aussi, j'écrase/Time to Quit. May be applied individually or in a group of 10-15 people.
In English only.

Quebec Lung Association
3440 Hôtel de Ville Avenue
Montreal, Quebec
H2X 3B4 (514) 845-3129

Méthode Francine Marsan (Francine Marsan Method)

Program: individual / 1 meeting / 1 participant **$350**
Last cigarette: during the meeting.
Follow-up: by telephone
Record and tape - Free yourself from cigarettes through motivation - diploma.
A saturation method that amplifies the harmful effects of cigarettes. Deprogramming and instruction in a technique of breathing and detoxification.
The client smokes 3 cigarettes in a row, and receives a cassette at the end of the meeting. One-and-a-half-hour session. In French only.

Centre anti-tabagisme Méthode Francine Marsan
(Anti-smoking centre)
6955 Taschereau Blvd., Suite 105
Ville Brossard, Quebec
J4Z 1A7 (514) 467-4353 or 443-8240

Moi aussi, j'écrase/Time to Quit
Program: individual / 1 meeting **Free**
Individual brochure to help people stop smoking.
This program uses psychological concepts, such as self-mastery, self-affirmation and positive behaviour. Available in English.

Health and Welfare Canada (in collaboration with
Health Services and Promotion Branch the Canadian Cancer Society)
Ottawa, Ontario
K1A 1B4 (613) 954-8576

Non-fumeur en 20 jours (Become a Non-smoker in 20 days)
Program: individual **$23**
Through the provincial offices of the Canadian Lung Association
The document helps smokers to acquire a better knowledge of their smoking habits (days 1 to 7), to reduce their consumption of cigarettes step by step (days 8 to 16), and to learn how to get along without a cigarette (days 17 to 20).
"Non-fumeur en 20 jours" (Become a non-smoker in 20 days), a 63-page document.
"Je ne fume plus" (I don't smoke anymore), a 27-page document.

Quebec Lung Association
3440 Hôtel de Ville Avenue
Montreal, Quebec
H2X 3B4 (514) 845-3129

Three-Step Program to Becoming Smoke-free for Life
Program: individual (English) **$1.35 (copy)**
Brochure. This brochure describes the three steps to be followed to become a non-smoker and remain one.
In English only. Kranes Communication, P.O. Box 9000, Daly City, Ca., 94017-9000, USA. Tel. (415) 994-8800. Get in touch with your local Canadian Cancer Society office.

Participaction
Box 64, 40 Dundas Street, Suite 220
Toronto, Ontario
M5G 2C2

6.
Written Documents

In response to the requests we made during the short investigation period, the organizations involved in combatting smoking sent us a large quantity of documents. In addition to the forty or so books and scientific journal articles listed in the Bibliographic References, 117 different documents were inventoried.

After examining the written material, we divided it into seven broad categories according to specific target population or form of intervention. Table 6.1 gives a list of our categories, and of the number of documents in each.

Table 6.1

SMOKERS	37
NON-SMOKERS AND EX-SMOKERS	18
YOUNG PEOPLE	30
WOMEN	8
PARENTS	3
THE WORKPLACE	8
LEGISLATION AND POLICIES	13

In each category the documentation is inventoried in the following order:

Posters

Advertisements

Magazine articles

Brochures

Folders

Working or background papers

Information kits

Books

For each of these documents, we provide relevant details including type of document, target group, descriptive notes and the source or producing organization. This documentation is presented in Appendix 1.

The list of documents that we have developed certainly contains gaps. Our intent was not to provide an exhaustive collection, but rather to present a sampling of material. Nevertheless, we did develop a computer file, which may later be used as an initial source for a more comprehensive database.

In our sample of documents, we were able to make a certain number of observations:

Documents intended for smokers are twice as numerous as those addressed to ex-smokers or non-smokers.

Three times as many documents of a preventive nature are addressed to young people as to adults.

Documents intended for women almost exclusively deal with the dangers of smoking for the fetus.

A significant proportion of the documentation is aimed at managers in various work environments, and deals with regulations or statutes that have been recently enacted.

The great majority of these documents deal with the harmful effects of tobacco and with the means of eliminating or restricting its use.

Very few of the documents have been designed from a positive point of view or propose gratifying alternatives to the use of tobacco.

7.
Audio-Visual Materials

In the course of our investigation, we consulted a number of sources that distribute audio-visual materials, including the National Film Board database and the database of the Centrale des bibliothèques (Quebec library clearinghouse). We were thus able to inventory 41 audio-visual documents. Table 7.1 presents a list of these materials, by type of material and by target group. The number of documents in each category is also given.

Table 7.1

FILMS	
Young people	8
Women	1
Smokers	4
Intervenors	1
VIDEOTAPES	
Young people	8
Women	3
Smokers	7
SLIDE PRESENTATIONS	
Young people	1
Women	2
Smokers	2
Intervenors	1
AUDIO RECORDINGS	
Young people	1
Smokers	12

For each of these documents, we provide relevant details including type of document, year of production, length of the presentation, the producing agency, target group, descriptive notes, key words and distributor.

This infomation on audio-visual materials is presented in Appendix 2.

The list of audio-visual documents that we have prepared is certainly incomplete, but it does represent a combination of several lists that are even more partial. A computer file was developed, and this could later be used as a database to be updated.

An examination of the descriptions of the audio-visual materials leads us to make the following observations:

One-third of these materials are targeted to smokers.

No document is specifically directed to ex-smokers or to adult non-smokers.

Nearly half the audio-visual documents are aimed at young people.

Documents intended for women almost exclusively deal with the dangers of smoking for the fetus.

The great majority of these documents deal with the harmful nature and effects of tobacco and with the health risks it involves.

Only a few documents were designed from a positive point of view or propose alternatives to use of tobacco.

8.

Summary and Recommendations

In this last section, we shall try to combine the information presented so far with certain results from other sources, treating our material under three headings: specific characteristics of smoking among Francophones; smoking among young Francophones; and desirable improvements in the means employed to combat smoking among Francophones. The recommendations we regard as relevant are presented under each heading.

8.1

Specific characteristics of smoking among Francophones

The Francophone population of Canada has a higher proportion of smokers than other language groups in the country, the percentage for Francophones being **15% higher than the Canadian average**.

Looking at the Canadian population as a whole, we find that Francophone smokers have a higher daily consumption of cigarettes than other language groups, and that they smoke cigarettes with higher nicotine and tar content.

Generally speaking, the greatest disparity between Francophones and Anglophones is found in Quebec. In New Brunswick and Ontario, smoking prevalence is about the same in the Francophone and Anglophone populations. It would be interesting to determine whether, in these two provinces, Francophone and Anglophone behaviour patterns are significantly different in regard to other aspects of health. Such a study would improve our understanding of the influence of cultural factors in health-related interventions.

Although the proportion of female smokers is slightly higher among Francophones than Anglophones, the comparatively greater prevalence of smoking among Francophones is mainly attributable to male smokers. Male Francophones smoke, on the average, about 30% more cigarettes than Francophone women. They begin to smoke regularly at a younger age,

and they give up the use of tobacco later than women do. It is among Francophones that one finds the lowest percentage of men who have never smoked.

Among Canada's Francophones, the prevalence of smoking seems to vary from one occupational sector to another. The proportion of smokers is highest among people who work in business, and the second highest percentage occurs among people who work in the public sector.

The hypothesis that **the higher one's professional status, the less one is likely to smoke** is confirmed for a number of French-speaking countries. In a study comparing occupational classifications in Belgium, for example, Frydman and his associates (1987) observed that smoking is less common in universities - where people are apparently more receptive to rational arguments - than in other working environments. This is true both of the scientific or teaching staff and of students. There are, in fact, fewer smokers among young university people, in contrast to the working class where the opposite trend is found. This difference very probably reflects poorer information, lesser awareness of the harmful consequences of smoking, and inability to resist psycho-social pressures such as the influence of advertising or, in the case of young people, of models that they tend to identify with.

Among Francophones, the proportion of smokers diminishes as the level of formal education increases, but in less pronounced fashion than among Anglophones. It is only among subjects who have completed college studies that a substantially lower prevalence of smoking is observed.

However, in a study designed to determine the prevalence of modifiable risk factors for ischemic cardiovascular disease in the male population of seven towns on the outskirts of Quebec City, researchers recently assessed 4,828 men between 35 and 64 years of age in terms of two socio-demographic variables, age and formal education. Generally speaking, the smokers identified in this study are heavy smokers, average consumption being greater than 25 cigarettes a day for all smokers in the cohort. Regardless of age, there are significantly more non-smokers among subjects who have more formal education. The highest prevalence of smokers who consume more than 20 cigarettes a day is found among men in the 35-44 age group with little formal education, the percentage being 66.8%. The lowest prevalence, 41.5%, was found among subjects aged 55-64 years with the highest level of formal education. In developing strategies to reduce smoking, it should therefore be remembered that **subjects with little formal education form a quantitatively important target** (nearly one-third of men between 35 and 64 years of age), and that this group contains **the largest number of smokers and heavy smokers** (Robitaille *et al.*, 1984).

We should note that in the adult population, the proportion of smokers is higher among **people looking for work**, exceeding 50% both among Francophones and among Anglophones. On the other hand, the greatest disparity between the two language groups is found among **retired people**. The prevalence of smoking is twice as high among retired Francophones as among retired Anglophones. We therefore identify these two categories of smokers as high-risk groups.

These indications on the uneven distribution of smokers in terms of formal education and occupational status should be placed alongside the fact that the average annual household income of Francophones is less than that of Anglophones. However, before confirming this hypothesis of **a relationship between the low socio-economic status of Francophones and the greater prevalence of smoking among them**, one would have to undertake a specific study of social epidemiology, or at least compile research data by combining linguistic variables in relation to an income scale, in order to verify the respective effects of cultural and economic factors on the tobacco consumption profile.

It would be very useful for the Francophone Committee to be able to obtain, from Statistics Canada, the computer tapes on which the research data presented above are stored. The Committee would then be able to **perform rapid multi-factorial studies** to elucidate its strategy for action.

There are certainly many significant differences between the tobacco consumption profile of Francophones and the profile of other Canadians, but the causes of these differences are not easy to determine. However, certain findings concerning the behaviour and attitudes of Quebec's Francophones in relation to their health do point in a general direction. Francophones have been observed to have less well-balanced eating habits, a lesser propensity for physical exercise, and a more carefree attitude towards their health. These aspects of their behaviour should be associated with certain cultural factors that characterize them.

As an example of this, we may consider the *"sweet tooth"* complex of Quebeckers, who are Canada's champion consumers of Coca Cola and other sweetened drinks, of chocolate cookies, maple butter, molasses, brown sugar and candies of all sorts. The excessive consumption of candy has made tooth extractors rich but has been the plague of Quebec hygienists, who observe that more than 80% of the population does not have a good set of teeth. (Regarding these negative effects on health, it seems to us that the very word for candy in French, *"bonbon"* (goody), is fraught with contradiction.)

Smoking is likewise more prevalent among Francophones. The cigarette or psychotropic product is a means - unhealthy of course, but still a means - of achieving the state of ephemeral well-being associated with consumption of the product. Let us note, in passing, the similarities that exist between candy and tobacco products: same kind of cellophane packaging, associated displays of the two products, socially acceptable forms of oral gratification, frequent sharing of the product, etc.

Attached to traditions and to their closer country roots, Francophones smoke more *"roll your owns"* than Anglophones, and seem to be particularly faithful to their brand of cigarettes. This attachment to brand names has, indeed, been noted in other commercial fields. Students of marketing have found, for example, that Quebeckers buy much fewer *"no name"* products than Canadians in other provinces. As far as smoking is concerned, attachment to a brand of cigarettes provides a kind of anchor to a reliable source of gratification. *"The cigarette is a faithful friend; it does not betray the intimacy of the thoughts it accompanies"*.

[Explaining why he almost continually sucked on a cigar, Sigmund Freud explained to his fiancée that *"smoking is a necessity when one has nothing else to kiss"*].

The cigarette presents itself to the lips like a substitute for the maternal breast: a white object that one can chew on, and that generally ends in a sort of brown nipple, that one sucks on to produce a sensation of inner warmth... [Changing one's brand would then be a bit like denying one's mother...]

It would be interesting to study the imagery in the advertising of cigarette brands offered to Francophones, in order to verify a hypothesis suggested to us, namely that advertising directed towards Francophones has a higher concentration of messages and images with a *"feminine polarity"*. Tender yet robust, the mother figure occupies a central place in the mythology of French-Canadians. She represents comfort, and comforting. She has powers of intercession, but she also controls the purse strings. Women of today, by affirming their independence, extend this historical reality into modern times. One should try to determine the self-image that is reflected in the smoking habits of Francophone women. It would then be possible to take the necessary counter-advertising measures.

In 1978, Jacques Bouchard, an advertising man, published a book which enjoyed great success at the time, in which he identified "the 36 right notes to strike with Quebeckers". According to this author, the world of *Homo Consumens Quebecensis* is characterized by **paradoxical logic**. The Quebecker is a **Nordic Latin**, a "hothead" with "cold feet" who votes "blue" in Quebec and "red" in Ottawa (or the reverse, a few years later...),

who makes "quiet revolutions" and remains attached to his country ways while embracing modernism. One might wonder whether Francophones in Canada as a whole have, to the same degree as Quebeckers, this cultural characteristic that we shall subsequently refer to as a **capacity for tolerating ambivalence**.

We are thus left to formulate the following hypothesis: Francophones seem to turn to unhealthy means of attaining a state of well-being more frequently than Anglophones.

More tolerant and less bothered by ambiguity, and on the lookout for situations where they may express their feelings spontaneously or for opportunities to enjoy release, improvisation or a good laugh, Francophones are reputed to be jovial, romantic, good company, merrymakers and sensualists who are less inhibited but also less rational than Anglophones. The social stereotypes that the members of the two language groups have of one another deserve to be clarified. When all is said and done, indeed, what is propounded by the two groups is perhaps nothing more than an impalpable but invaluable idea of difference.

As far as health-related behaviour is concerned, this greater degree of openness to ambivalence would constitute a cultural predisposition to use means that are officially recognized as unhealthy to achieve temporary **states of well-being**. However, as far as we are aware, precise measurement of the degree of openness to ambivalence in the two major linguistic groups is not available yet. The search for alternation between periods of productivity and irrational episodes of relaxation is no doubt present in all cultures. However, we believe that different cultures pursue this goal with varying degrees of intensity. The use of a number of drugs aims at producing, through intoxication, a means of escaping psychological stress.

From this point of view, smoking cigarettes has the same kind of effect as other drugs that influence the mind. The desired effect is often to take a certain distance from the immediate situation, to have a moment for reflection, and to project one's thoughts upon the instantly created screen of smoke. This is a time of respite, of temporary suspension of conscious activities; sometimes, it even opens a tiny window on the unconscious mind. Other testimonies indicate that smoking cigarettes is helpful in "blocking out the world", in becoming desensitized in order to concentrate better, in isolating oneself in a protective cocoon.

Cigarette use, then, fulfills functions that the smoker deems to be useful, and one must be in a position to propose non-toxic alternatives to cigarette use, to the smoker who employs cigarettes mainly to control his psychic functioning.

In relation to the specific characteristics of smoking among Francophones, we therefore recommend the following actions to the Francophone Committee of the National Program to Reduce Tobacco Use:

Undertaking of multi-factorial studies in order to reveal the combinations of factors that characterize the most incorrigible smokers.

Examination of the symbolism involved in tobacco advertising directed to Francophones.

Research, through observation, into the behaviour patterns of male and female Francophone smokers, to improve understanding of the functions of the cigarette and to propose adequate means of substitution.

Establishment of a profile of Francophone living habits, and an adequate description of health-related behaviour patterns that may be modified.

Encouragement of private sector participation and support (program of assistance to employees in the workplace).

Development of resources specifically aimed at smokers who cannot be reached through the workplace, namely people looking for work and retired people.

Intervention with high-risk clienteles (economically disadvantaged persons with little formal education), with appropriate means, and at low cost.

Stimulation of the particular sensibilities of Francophones in anti-smoking campaigns.

8.2

Smoking among Francophone young people

The General Social Survey indicates that 50% of Francophones in the 20-24 age bracket smoke cigarettes, compared to 40% among Anglophones in the same age group. Furthermore, the percentage of regular smokers is **higher among young women between 18 and 34 years of age than among men of the same age**. In the 18-24 age group, 58% of Quebec women have already smoked, while among men, this rate is less than 49% (Phaneuf and Marcoux, 1988).

The same phenomenon is observed in other Francophone countries. In Belgium, for example, while smoking is on the decline among adults, where the percentage of smokers has dropped from 40% in 1982 to 35% in 1986, there is an inverse relationship between the age of individuals and the proportion of smokers. In the 18- to-24-year-old age group, the proportion of smokers is not less than 43% (Frydman et al., 1987).

It is clear that in Francophone countries, adolescents have been much less sensitive than adults to anti-smoking campaigns launched over the last five to ten years. An attempt should be made to understand why this is so.

A number of authors have claimed that young people tend to regard tobacco use as a mark of emancipation from parental authority, as a means of asserting independence, as a sign of liberation, etc.

At least one Quebec researcher predicts that preventive action aimed at children between 5 and 10 years of age will probably not result in reduced experimentation with cigarettes during the period of transition to adolescence. In the opinion of Alain Rochon (1984), the **restructuring of thought and growth of peer influence to the detriment of parental authority** that occurs at this age will shift the balance in favour of this new attraction, in the eyes of a number of these young people.

In a transverse study of Lausanne school children in three age groups (7- to 8-year-olds, 12- to-13 year olds and 16- to 17-year olds), a Swiss researcher has attempted to reconstruct the **process of assimilating social representations of tobacco** by comparing the extent and nature of the knowledge specific to each age group, the functions of the product in the life of young people, and the general meanings and individual motives of consumption (Weiss, 1988).

Our society's predominant attitude towards tobacco has a fundamental influence on young people. The influence of habits and models of alcohol and tobacco consumption is already evident among **young children especially**. To a large extent, the behavioural intentions of children are determined not by the qualities ascribed to the product, nor indeed by the children's own taste and judgments, but rather and above all by perceived expectations of the social environment. Children learn to associate pleasure and smoking at a very early age.

In the second phase of socialization that occurs among **pre-adolescents**, these products remain more or less subject to a taboo, but at this age, children attach a high emotional value to them, as signs and symbols of adult social status. Children at this age, however, have not yet attained a social status that would make these products really accessible to them. They are situated between young children, for whom alcohol and cigarettes are still clearly parental products, and adolescents who are beginning to incorporate them into their lifestyle. They still do not have an immediate relationship with these substances, which would enable them to acquire their own experiences and to form their own opinions. For these reason, the relationship they establish with these products is **emotionally highly charged**.

During the **phase of adolescence**, where these substances become socially more accessible, knowledge is combined with personal experience, and meanings are likely to multiply as a result. Around the age of 16, young people discover and positively judge effects which were practically unknown to them a short time ago. Alcohol and cigarettes acquire the status of consumer goods, and teenagers learn to use them to further their objectives, interests and needs. For them, alcohol and tobacco consumption has become an almost natural thing, normal behaviour. As far as the motives that push people to smoke are concerned, hedonism is cited by two-thirds of Weiss' subjects: **the primary reason for smoking is pleasure**. Second in importance for 18% of children and nearly half of all pre-adolescents and adolescents, is the fact that one smokes through habit or because one has become dependent upon cigarettes. Finally, for adolescents especially, smoking is induced by the need to cope with tense moments or states or to master stress.

One should also remember that **risk taking** assumes a particular significance in the culture of young people, and has quite a different role in the life of adults. Moreover, young people do not regard health itself as something of value or as a state that one must try to preserve. Health is rather considered as something perfectly natural, taken for granted, unchangeable almost.

Weiss' study shows that assimilation of the meanings, values and standards specific to one's peer group is a process that begins very early and **competes with the influence of adults**. The importance accorded to the health risks of tobacco consumption is typical in this respect. Arguments against smoking cigarettes are primarily mentioned by the youngest pupils whom one questions, and seem to lose their influence on real behaviour as tobacco becomes accessible.

In acquiring expressive behaviour patterns, young people are especially influenced by the models presented to them in television programs and in films. Many film-makers have used a cigarette to develop the characters in their work and to accentuate certain scenes, thus creating a rather stereotyped image of the "left-winger" or "emancipated woman". A study of cigarette use in the most influential programs and films, and of the characters and situations involved, would be most instructive. The cigarette lends "flair" to film and television characters, making them unique, liberated, and in a way, rounding out their personality (Dagenais, 1984).

Many things are produced with young people in mind, and young people are also the priority target group of the National Program to Reduce Tobacco Use. An enormous concentration of means is aimed at this preferred target. There can be no doubt that continuing preventive action directed towards young people is absolutely essential. However, one must seriously wonder whether it will be possible to develop really effective means of preventing smoking among them.

As long as young people continue to include tobacco in their representation of the pleasure relationship, they will use cigarettes as a means of self-affirmation, and it is plausible that the incidence of smoking will remain unchanged. This possibility must not be ignored in the present context, where the objective of the National Program is to achieve a generation of non-smokers by the year 2000.

Regarding young people, we therefore recommend the following actions to the Francophone Committee of the National Program to Reduce Tobacco Use:

Undertaking of studies to determine precisely which factors encourage young Francophones to use tobacco.

Encouraging the provincial ministries of Education and Health to make prevention of smoking one of their priorities; supplying working tools.

Continuing discussion among preschool-age children of the undesirable and disagreeable aspects of tobacco, through facilitation programs presented in French.

Consideration of psycho-social problems, including presentation of the self, acceptance by others, acquisition of means of independence, in the preventive approaches aimed at school-age children.

Development of information materials and programs for stopping smoking, which would specifically address teenage male and female smokers by offering them other concrete means of expressing their feelings and of managing stress.

8.3

Developing measures to encourage people to stop smoking

More Francophones than Anglophones have a spouse who smokes, and a higher proportion of Francophones than Anglophones state that most or all their friends smoke cigarettes. Francophones are clearly less convinced than Anglophones that children are more likely to smoke if their parents are smokers.

A higher proportion of Francophones say that they are bothered by other people smoking, this being particularly true of men. However, a slightly larger percentage of Anglophones than Francophones have asked someone not to smoke.

Nearly 60% of Francophones, but only 40% of Anglophones, find that "people are overly concerned about health problems due to the fact that other people are smoking in their presence". Fewer Francophones than Anglophones think that "most non-smokers are not annoyed when other people smoke in their presence". In contrast, fewer Francophones than Anglophones think that before smoking in the presence of others, smokers should ask their permission, this opinion being more widespread among men than among women.

Results from the two previously mentioned surveys may indicate that less care is given to the well-being of others among Francophones than among Anglophones. If this hypothesis is validated at the outcome of further studies, then it would be appropriate to emphasize public-spiritedness and to create means for **developing more altruistic behaviour among Francophones.**

Municipalities should be encouraged to enact regulations on tobacco use, since this is the level of government that is closest to the population. Municipalities should be assisted in promoting the advantages of a smoke-free environment by the organizations and business firms on their respective territories. This strategy is beginning to acquire some importance in Quebec, and it should be supported in all regions where there are Francophone populations. The provincial government and Quebec's D.C.H.s should help municipalities by providing the appropriate resources.

It would no doubt be very worthwhile to encourage the formation of a coalition of municipalities involved in the fight against smoking. Between Montreal, Ottawa and Toronto (where 40% of Canada's population lives) for example, information could be exchanged on interventions that have proved effective in one city and could be tested in another.

Fewer Francophones than Anglophones think that a smoke-free space should be provided for non-smokers in the workplace. On the other hand, Francophones are more favourable to active government involvement in the area of smoking. However, in both language groups, more women than men are in favour of active government involvement in this area.

Moreover, we note that male non-smokers tend to appreciate the company of female non-smokers, who in turn have a clear preference for men who do not smoke. The positive opinion that smokers have of those who do not smoke, and the association of non-smoking with force of character and the image of a "reasonable" person, are certainly positive factors that can help people to give up cigarettes.

In the Canadian population as a whole, more than 90% of men and women in both official language communities think that pregnant women should not smoke. Few people still need convincing on this point, and many types of written or audio-visual information are already available. However, this investigation should be carried further, in order to determine whether or not a significant proportion of women continue to smoke during their pregnancy despite this widespread attitude. If such is the case, effective means of intervention should be contemplated.

In a study of passive smoking, Joosens (1984) notes that the fetus is influenced not only by the mother's smoking, but by the father's use of tobacco as well. In a Danish study of 500 pregnant women, which was conducted in 1986, it was found that the average decline in infant birth weight was 120 grams when the father smoked an average of one pack of cigarettes per day. This finding applies equally to pregnant women who smoke and those who do not.

It is thus appropriate to stress male responsibility as well in information designed to protect the fetus.

Although relatively few respondents in the Health Promotion Survey (1985) indicated that they needed information on smoking and health, a slightly higher proportion of Francophones than Anglophones said that they need such information. Among Francophones, this need is apparently twice as great for women as it is for men.

In the information materials that are currently available, the harmful consequences of smoking are the major focus, and we are still a long way from engaging a dialogue based on positive approaches. The time has definitely come to redesign information materials to take the desired positive approaches into account and to consider the particular characteristics of Francophone targets.

In developing new advertising campaigns, the resources of the imagination must be deployed to break through this indifference to smoking and other health-related issues. As in efforts to sell tobacco, one should offer an attractive image, suggest pleasure, and sell well-being using an elegant and dynamic symbolism. New gimmicks are needed, and new associations of ideas should be forged in order to make the message targets more sensitive to subtle perceptions, such as the taste of fruit, the aroma of flowers, etc.

During the recent Non-Smoking Week, for example, the Canadian Cancer Society distributed free tangerines to support its message that a substitute can be found for unhealthy means of gratification. In addition to the obvious oral gratification, the free tangerine offered an olfactory sensation, something to play with, implicit permission to relax, participation in an exchange and the opportunity to share.

Innovation is needed in communicating positive messages to Francophones specifically. One should take a lesson from other products that have not gone over well in Quebec, and avoid relying solely upon translations of messages originally designed in English for non-Francophone populations. Messages addressed to Francophones should ideally be designed by advertising people who are sensitive to their unique cultural characteristics.

We therefore suggest to the Francophone Committee that it hold a competition in which advertising people familiar with the French-Canadian population could submit proposals for counter-advertising designed to encourage people to quit smoking.

Measures of the prevalence of smoking among Francophones, a description of the characteristics of the Francophone social environment and of Francophone attitudes towards tobacco, and an examination of the organizational and documentary resources available may help the Francophone Committee of the National Program to Reduce Tobacco Use to target its interventions accurately.

One of the essential tasks of the Francophone Committee should be to acquire the means to stimulate groups or organizations working in the field and to ensure their collaboration, in order to develop a favourable climate for joint efforts.

With this synergy in mind, we have provided the Committee with an ad hoc introduction to organizations involved in the fight against smoking, and have indicated the specific area in which each organization is active. We have also provided an inventory of methods used to help people to give up tobacco, and a review of the written and audio-visual materials available in French in Canada. This information shows that there is a substantial number of resources for carrying on the fight against smoking.

Non-governmental organizations help to produce an abundant documentation, and offer various services that complement the measures taken by government agencies. However, there is no master plan to coordinate these actions. There is an obvious duplication of effort, which is reflected in the considerable redundancy of written or audio-visual documents.

In the struggle to reduce smoking in Canada's Francophone populations, coordination is necessary. It seems to us that the Francophone Committee of the National Program is in the best position to assume this responsibility.

Furthermore, there is a wide range of group methods and individual treatments for smokers who wish to give up tobacco. However, we know very little about the concrete activities that are pursued and about the real effect of each of these programs. Evaluation of the impact of various programs to stop smoking is more widespread in the United States, but is extremely limited in Canada and is virtually non-existent in the Francophone community.

In order to provide appropriate guidance to smokers who are trying to quit, one should not only be able to specify the real effect of various group programs, but should also be familiar with the profiles of clienteles for which each method achieves a better specific performance.

As far as means of action are concerned, we recommend the following to the Francophone Committee of the National Program to Reduce Tobacco Use:

That the human and documentary resources available to Francophones in regard to smoking continue to be inventoried, and that a directory of these resources be published periodically.

That new audio-visual documents be designed to replace materials that have become obsolete, and that this new material move beyond the concept of tobacco's harmful effects to propose positive alternatives that take the specific cultural characteristics of Francophones into account.

That anti-smoking information be directed towards relatively neglected targets: smoking spouses, ex-smokers, non-smokers in the workplace, smokers out of work and retired people.

That municipalities receive assistance in developing regulations to protect the health of non-smokers and to foster public-spiritedness among Francophone smokers.

That health care systems be assisted in their efforts to prevent smoking and to get people to give up tobacco.

That an evaluation guide for cessation programs be produced, and that the application of uniform evaluation methods be encouraged in order to determine the real efficiency and client profile for each type of program.

That studies be carried out to describe and compare various strategies to maintain non-smoker status in various Francophone communities.

That a Francophone division be created at the National Clearinghouse on Tobacco and Health, the major function of which would be to centralize information on the human and material resources available in the Francophone community.

That the Francophone Committee of the National Program assume responsibility for coordinating the actions of various governmental and non-governmental organizations, and produce a master plan in collaboration with them.

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